



**Outpatient
Transformation
Conference**

Chairs Opening Address

Dr Anna Bayes, Commercial
Medical Director



**Outpatient
Transformation
Conference**

Hugh McCaughey, National
Director of Improvement at NHS
England and NHS Improvement

Hugh McCaughey

National Director of
Improvement at
NHS England

@HughMcCaughey



Hugh McCaughey

@HughMcCaughey

National Director of Improvement; former Chief Executive of the South Eastern HSC Trust. Passionate about making Health+Social Care services safer+better.

📍 NHS Improvement/NHS England 📅 Joined November 2012

2,249 Following 6,809 Followers

Who am I? And who I'm not!

35 years in the NHS

Almost all in delivery organisations

10 years as Chief Executive of SET

Care deeply about the NHS

Passionate about making services safer and better

Believe in empowerment and improvement



Outpatients Department at London Hospital, Whitechapel Date: circa 1910. (Left)



Opening of the new Finsen Lamp and Outpatient Department Unit by King Edward and Queen Alexandra in 1903 at the London Hospital (Above)



5 | Evelina London Children's Hospital Outpatient Department (Above)

NHS Long Term Plan:

#4. 'Digitally-enabled primary and outpatient care will go mainstream across the NHS'

- *NHS England and NHS Improvement's National Outpatient Transformation Programme was established in early 2020, with the aim of avoiding up to 30m face to face outpatient attendances by 2023/24. This involves a combination of virtual appointments, avoiding unnecessary referrals, and avoiding low value follow up attendances. The aim is to help improve patient experience and manage demand to ensure NHS capacity is directed at the greatest clinical need*

Let Purpose
be your guide





Advice/guidance;



Diagnosis;



Treatment plan;



Review.



...How do we Transform

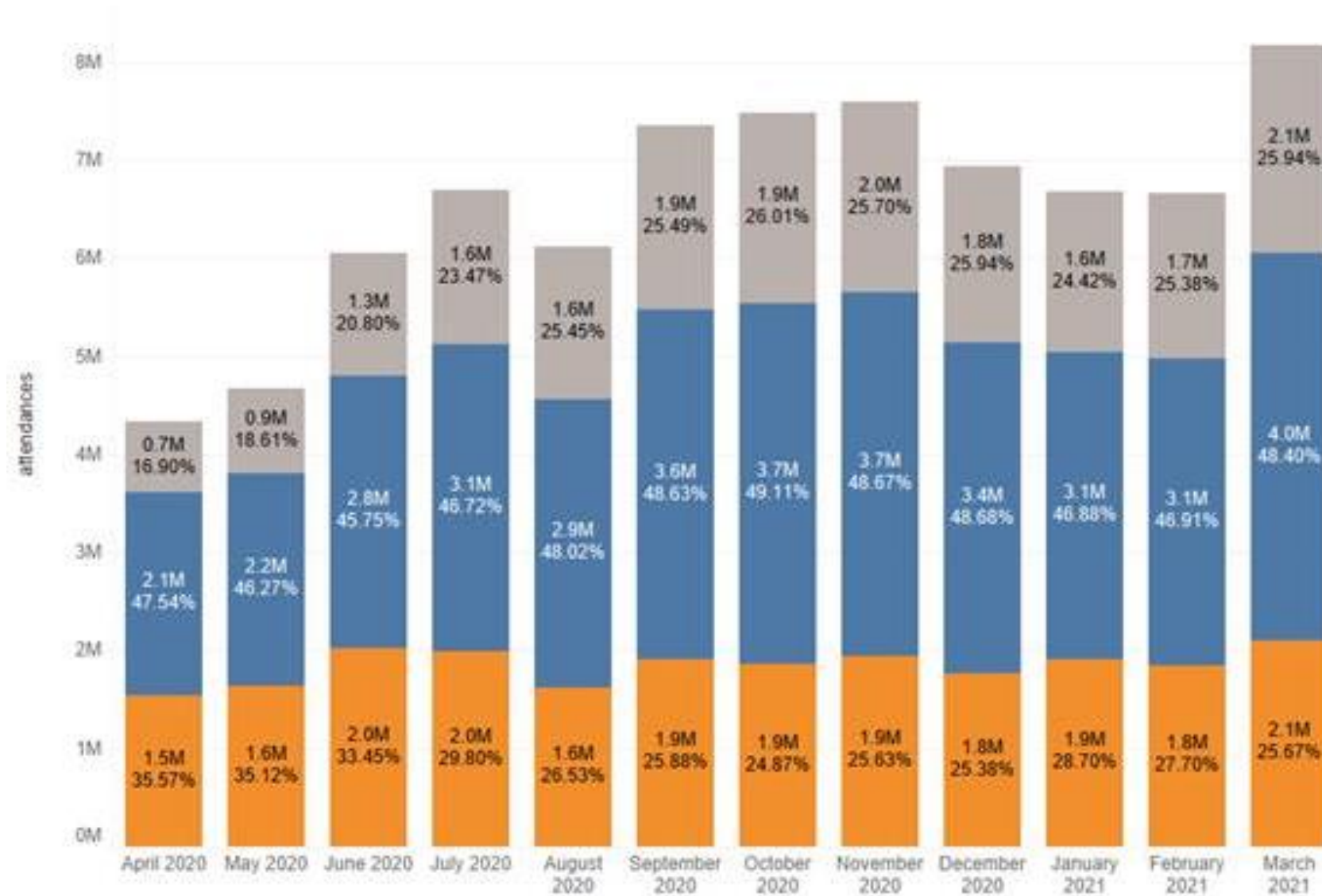
“Everyone in healthcare should have two jobs: to do the work, and to improve the work.”

- Maureen Bisognano, CEO of IHI



Proportion of outpatient attendances delivered virtually (virtual orange, vs f2f blue and procedure grey)

Outpatient Transformation: Overview of progress to date



Outpatient Transformation Programme: Highlight report – Benefits

Programme benefits

Based on 29.3 million avoided appointments delivered during the programme's establishment (April 2020 to July 2021⁽¹⁾) we have achieved:



788 million patient travel miles saved through avoidance of face-to face appointments. That's enough to fly around the world 31,650 times ⁽²⁾



23 million hours of patient time saved through virtual consultations ⁽³⁾



639.3 Quality-adjusted life years (QALYs) saved through avoidance of face-to face appointments ⁽⁴⁾

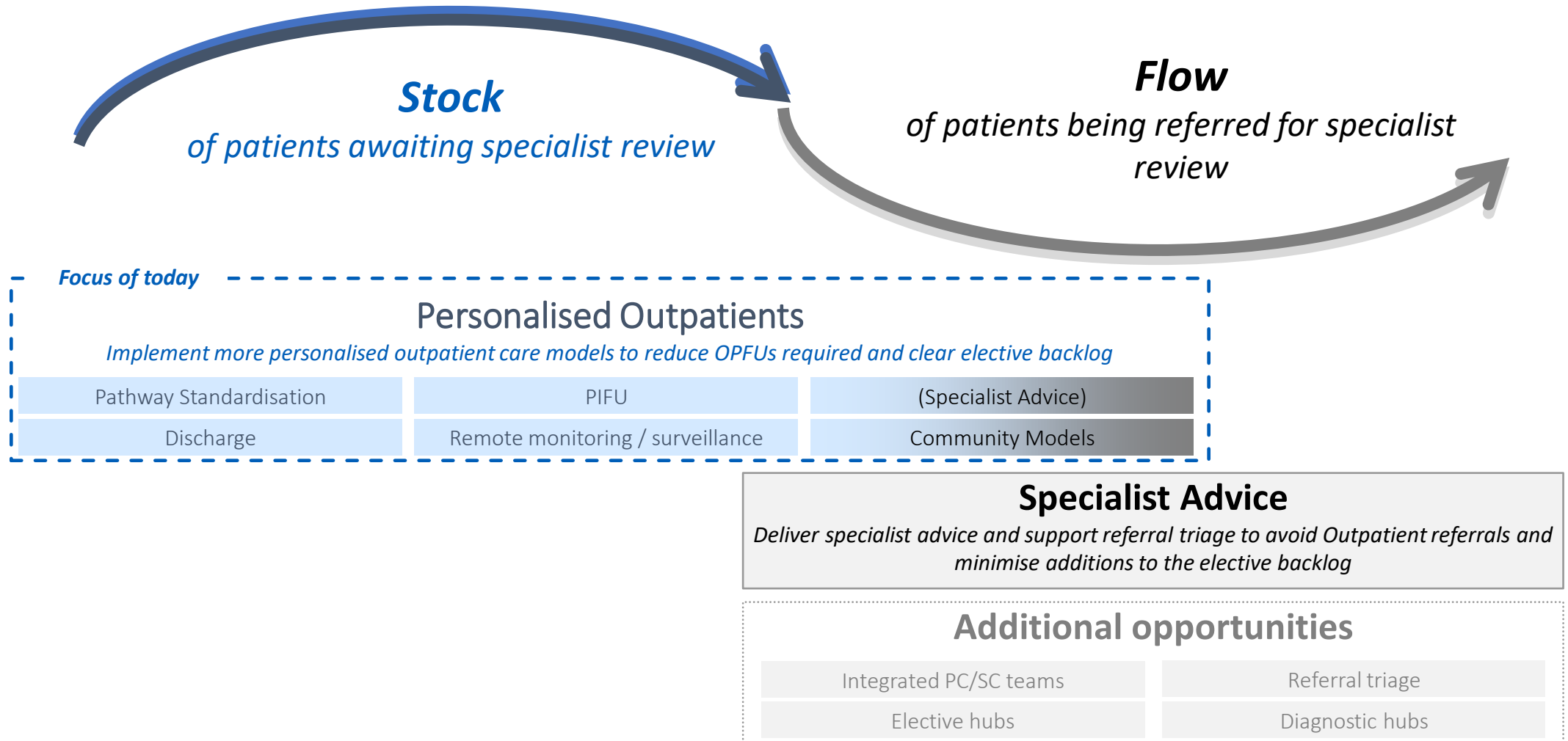


13 million car parking spaces saved through avoidance of face-to face appointments ⁽⁵⁾



Net reduction in CO₂ emissions of 161,080 tonnes through virtual consultations ⁽⁶⁾. It would take **84,728 hectares of forest a year** to capture that amount of CO₂ ⁽⁶⁾

Outpatients has two main priorities in '22/23, that need to be considered together to support Elective Recovery



Personalised Outpatient Programme overview



Context today



Increasing waiting list for elective care

Clinical workforce in primary and secondary is a limited resource

Patient experience can be poor with long wait times, multiple appointments and unclear pathways

Objective of POP is to streamline the pathway & change the model of care in order to...



Improve Patient Care and experience

- Easy access to care (e.g. hot clinics)
- Specialist advice (A&G) through primary care channels
- Shorter waiting times; minimising patient harm



Reduce NHS pressures

- More 1st / FU OP appointments
- Ward rounds / add'l procedure lists
- Waitlist management / prioritisation



Improve sustainability for front-line staff

- Longer OP appts & right-sized clinic times
- Time for teaching and training

To be achieved through the following approach...



Reducing no. of Outpatient follow-ups by 25-50%¹

- Patient initiated follow ups
- Effective discharge for low-risk patients
- Remote monitoring & surveillance etc.



Exploring alternative routes to providing care

- Advice & Guidance
- Asynchronous information sharing
- Alternative workforce mix



Optimising the pathway

- Improved alignment of diagnostics with pathway
- Peri-operative tools

1. 25% average target across specialties, specific targets may vary by specialty

Digitally-enabled transformation and personalisation of the Outpatient Experience



Aim: to support the deployment of digital tools that offer this range of functionality - to empower patients and support the POP ambition to reduce F/U appointments by 25%

- Empowerment lies at the heart of the transformation and personalisation of outpatient care
- User engagement / evidence is clear = empowering people improves outcomes and experience / reduces cost to both the service and person
- Digital tools are key to enabling this transformation and ensuring safe, efficient and responsive care
- A number of exemplar sites across the country deploying digital tools to
- March 2022: Personalised Outpatient Programme guidance launched including:
 - Specification for digital tools to support POP;
 - Digital tools procurement guide;
 - Economic Impact assessment
 - Digital inequalities mitigation guide
 - Supplier assessments

Deploying digital tools to support personalised outpatients 2022/23



We have used User Centered Design to test which digital tools are central to empowering people and supporting the transformation of the outpatient pathway. These tools are available through Patient Engagement Portals



Clinic output letters



Alerts, Notifications and Reminders



Asynchronous Communications



Support and Resources



Forms & Questionnaires



Clinical dashboard

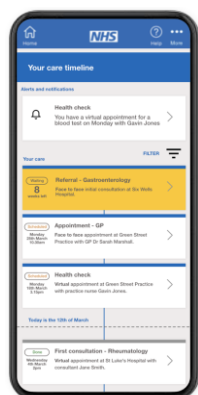


Appointment Management

engagement & communication tools

patient-collected data

scheduling tools



Our ambition is that in 2022/23 80% of the population will be able use the NHS App to access a range of these tools to support and empower them in their elective care journey.

Many providers already have digital tools that provide some of this functionality. We will not disrupt these solutions, but offer support and, where necessary, investment to address gaps.

For providers / systems that do not have these digital tools, we will support the deployment of patient engagement portals in 2022/23



**Outpatient
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Chris McAuley,
Project Manager
at NHS Benchmarking
Network

NHSBN Outpatients 2021 Benchmarking Findings The Outpatient Transformation Conference

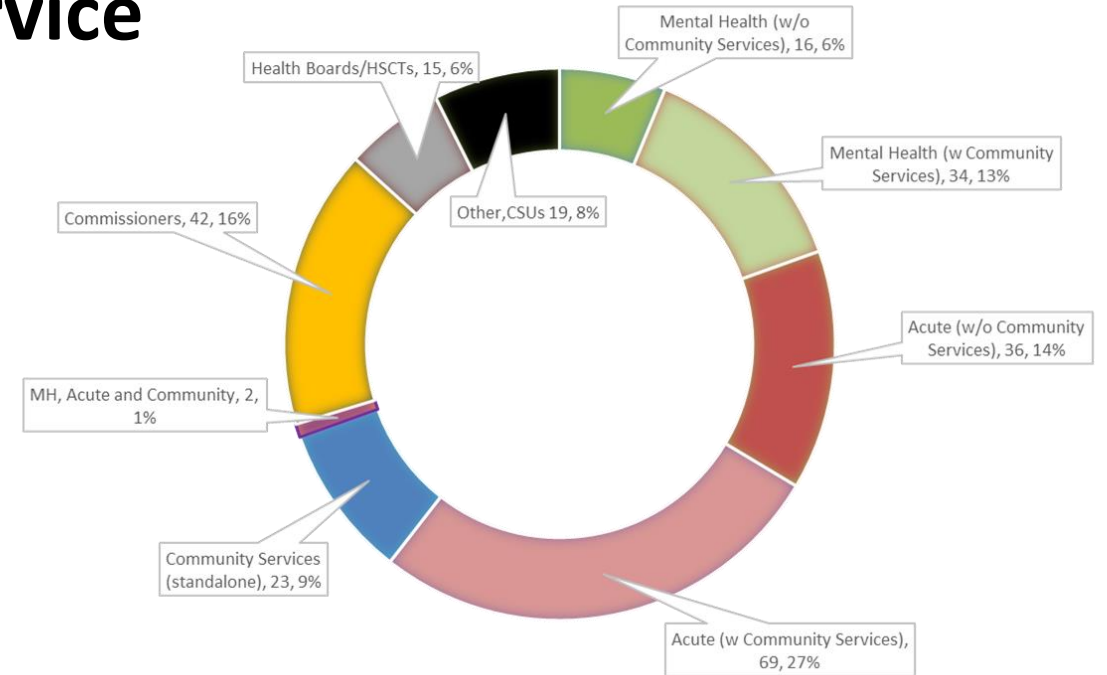
**Chris McAuley, Project Manager
NHS Benchmarking Network**

Network membership

Over 250 member organisations and c.10,000 clinicians and managers using the service

- In England:
 - 77% of acute providers
 - 83% of all community provision
 - 100% of mental health trusts
 - 40% of CCG/STPs by population
- 100% coverage in Wales Health Boards
- 100% coverage in Northern Ireland HSCTs
- 1 Scottish Health Board
- 2 Local Authorities

Membership profile



What does the Network deliver?

Core Network projects



Acute Sector

- Emergency Care
- Managing Frailty in Acute Settings & DToCs
- Pharmacy & Medicines Optimisation (Provider)
- Operating Theatres
- Outpatients
- Bed capacity analysis
- Acute Transformation Dashboard



Commissioning Sector

- Out of Hospital Care
- Integrated Care System Benchmarker



Community Sector

- Community Services
- Monthly Community Indicators
- Intermediate Care



Mental Health Sector

- Mental Health (inpatients & community)
- Children & Young People's Mental Health Services (CYP MH)
- Learning Disabilities
- Monthly Mental Health & Learning Disabilities Covid-19 Dashboard



Whole System

- Summary Opportunity Reports
- Cost Collection Analysis

Acute Transformation Dashboard

- **Supporting recovery and transformation in the acute sector**

- Modules cover:

- **Outpatients**

- Theatres
 - Emergency Care
 - Managing Frailty
 - Acute Therapies
 - Radiology

- Complementary to the Network's annual benchmarking projects

Outpatients module – how does your recovery compare?

- Quarterly data collection of monthly data to provide time series analysis
- Focus on activity and transformation
- Speciality level
- Unique content
- Now showing data up to Q3 2021/22 (Dec 22)
- Q4 (to March 2022) data collection launches 4th April
- You can submit data back to April 2020 to support time series analysis for your organisation

Acute Transformation Dashboard

Outputs

Outpatients

SELECT PERIOD

December 2021

SELECT SUBMISSION

SELECT DASHBOARD TYPE

Ophthalmology

OPTIONS

[View Full Toolkit](#)

Referrals

Percentage of all referrals received from GPs: Ophthalmology

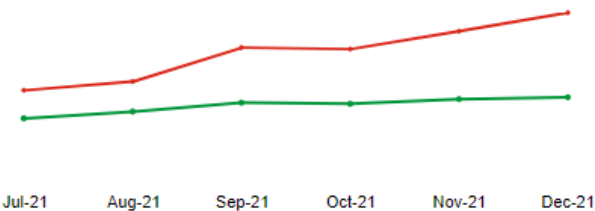
[Open full report](#)

44.16%

● National mean

69.15%

◆ Submission value



Number of Advice and Guidance requests per 10,000 referrals received from GPs: Ophthalmology

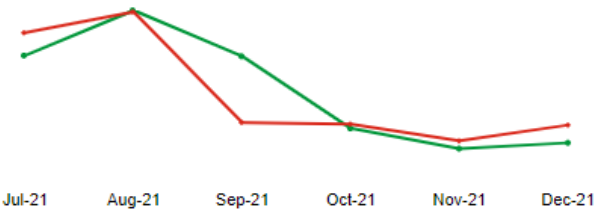
[Open full report](#)

52.5

● National mean

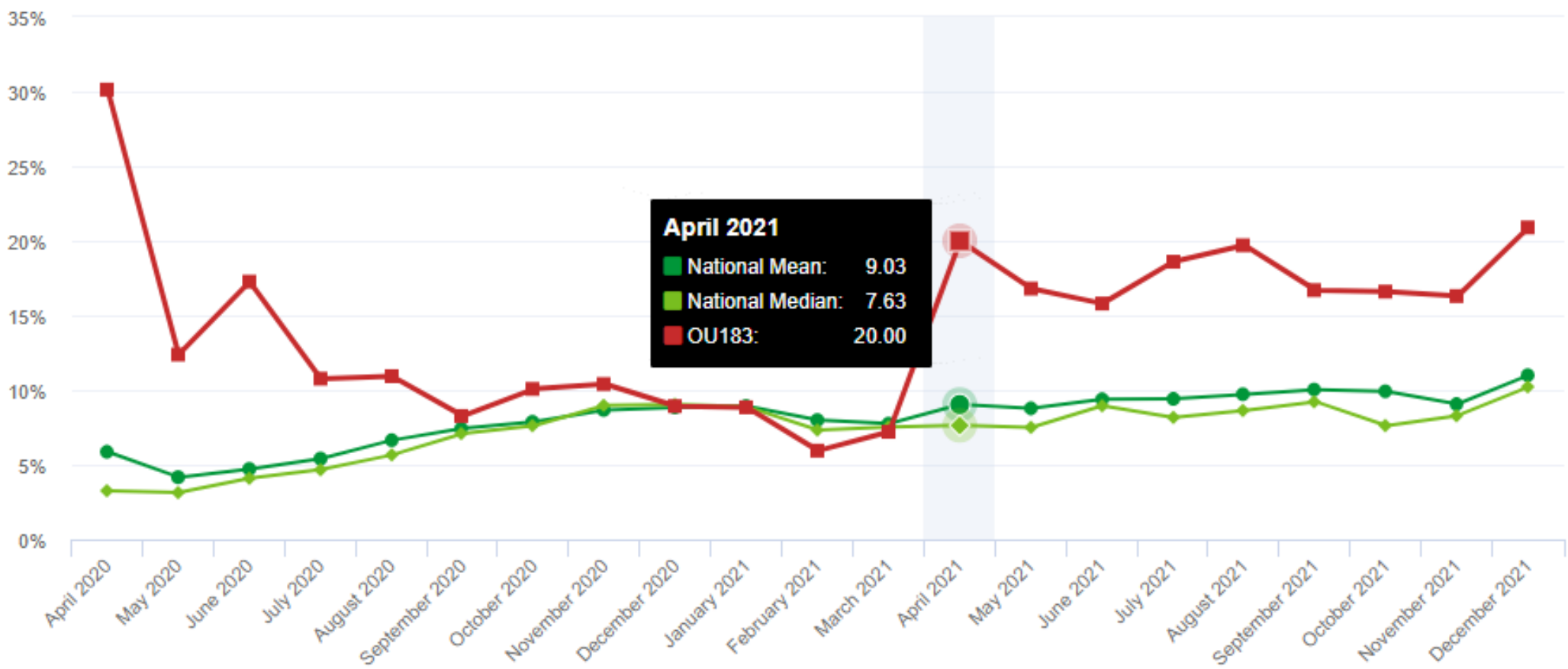
80.09

◆ Submission value



Acute Transformation Dashboard

DNA rate: Ophthalmology



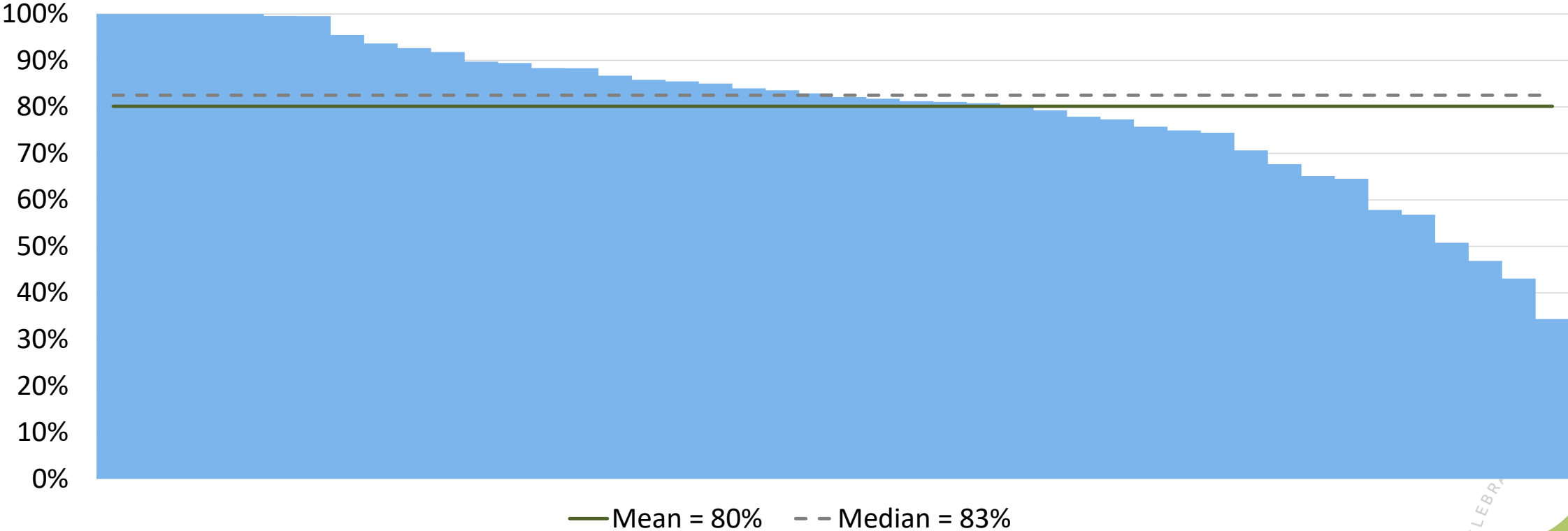
NHSBN Outpatients project

- First included as a pilot project as part of the 2017 work programme
- 2021 project is the fifth iteration
- Covers key areas, such as A&G, ASIs, overdue follow-ups and the impact of COVID-19
- Key dates for the 2021 project:
 - Data collection: Apr – Jul 2021
 - Validation: Jul – Aug 2021
 - Share Learning Event: 8th July 2021
 - Reporting: Oct 2021
 - Findings webinar: 5th Oct 2021



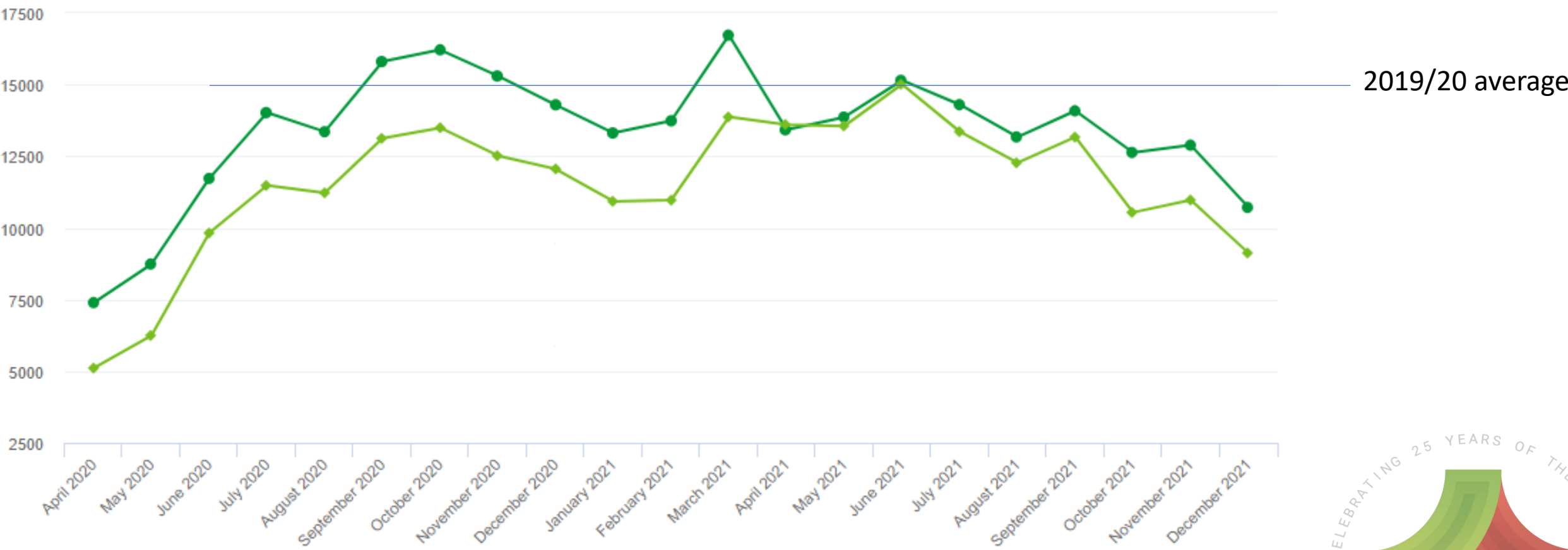
Outpatient attendances at 80% of pre-pandemic level

Percentage of outpatient attendances that occurred in 2020/21 out of those in 2019/20



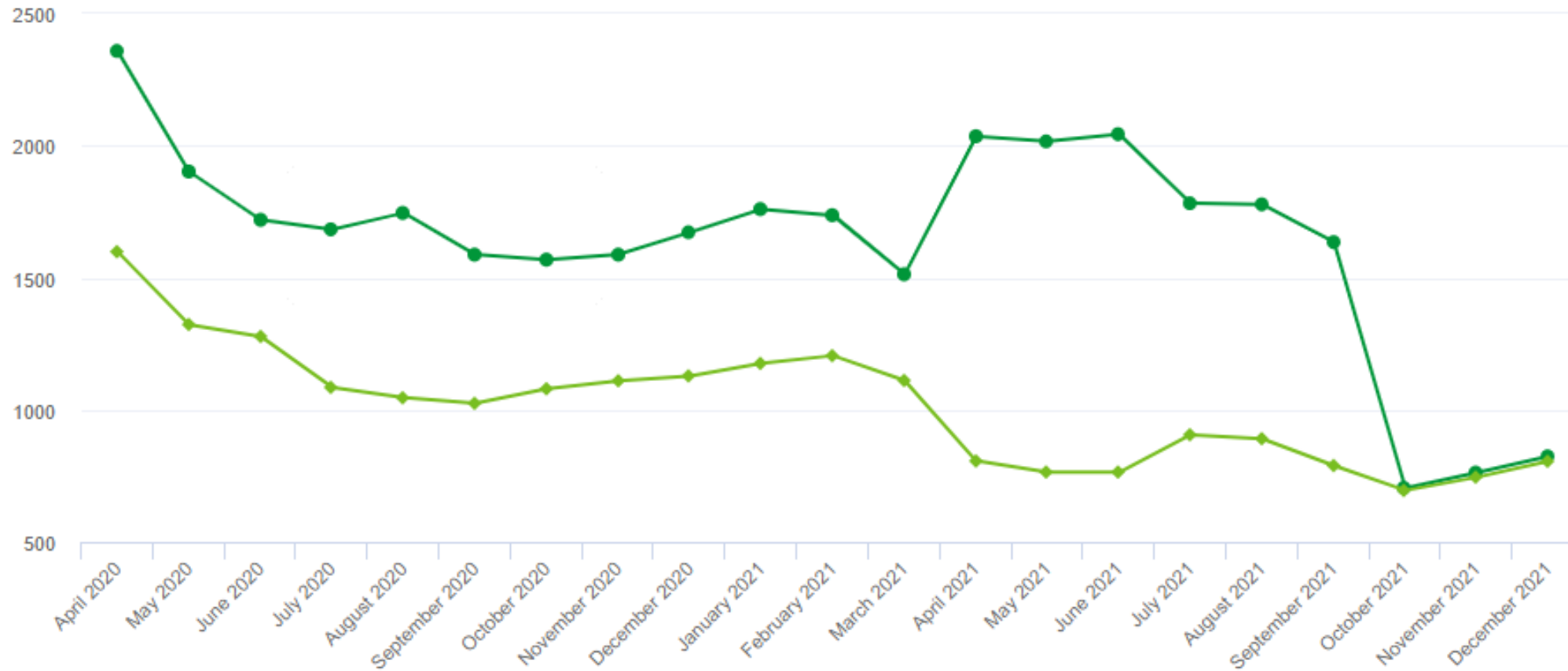
Hidden backlog

Total number of new referrals received



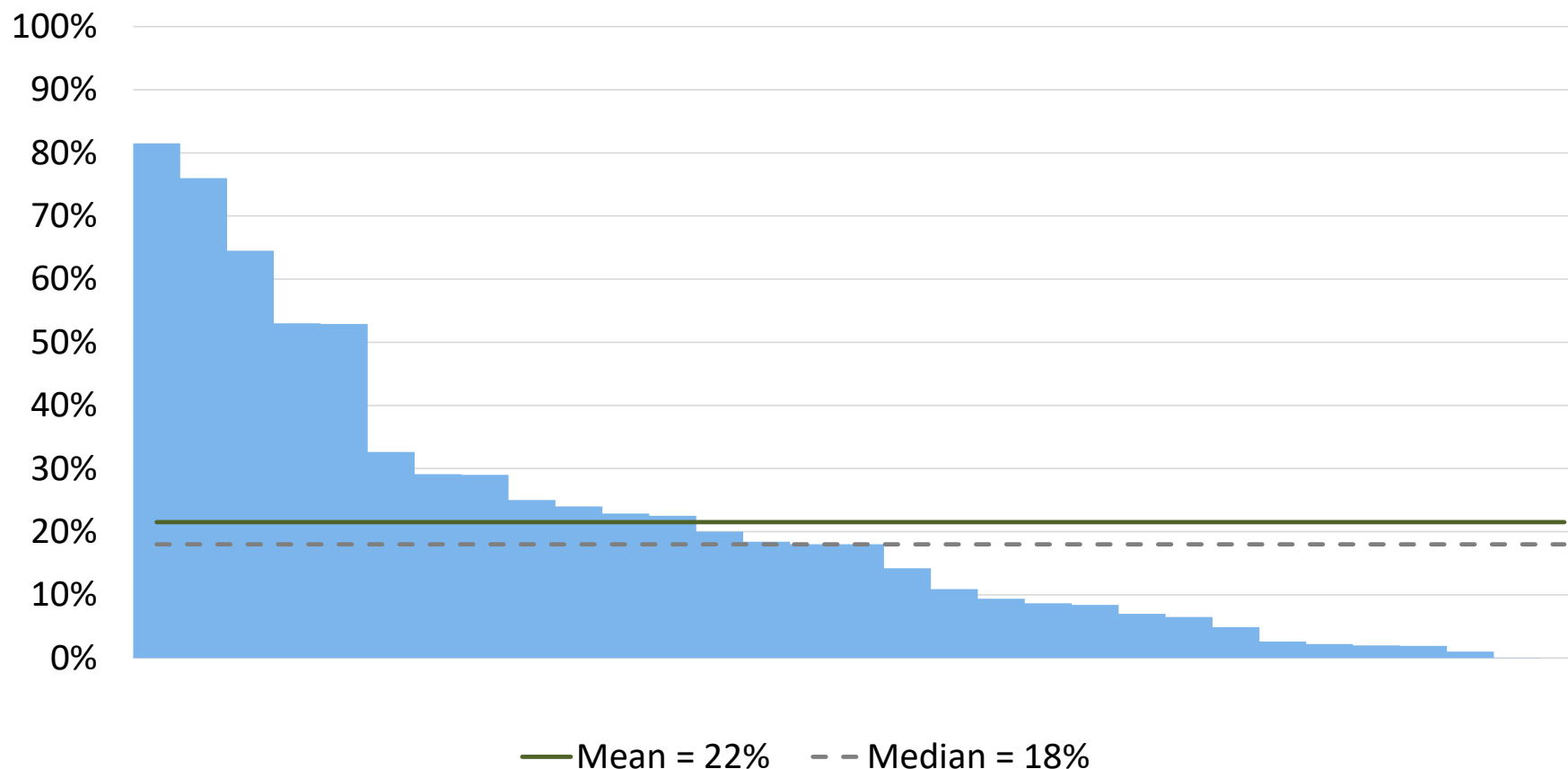
Acute Transformation Dashboard: A&G

Number of Advice & Guidance requests per 10,000 referrals received from GPs: Total (all specialities)



Advice & Guidance

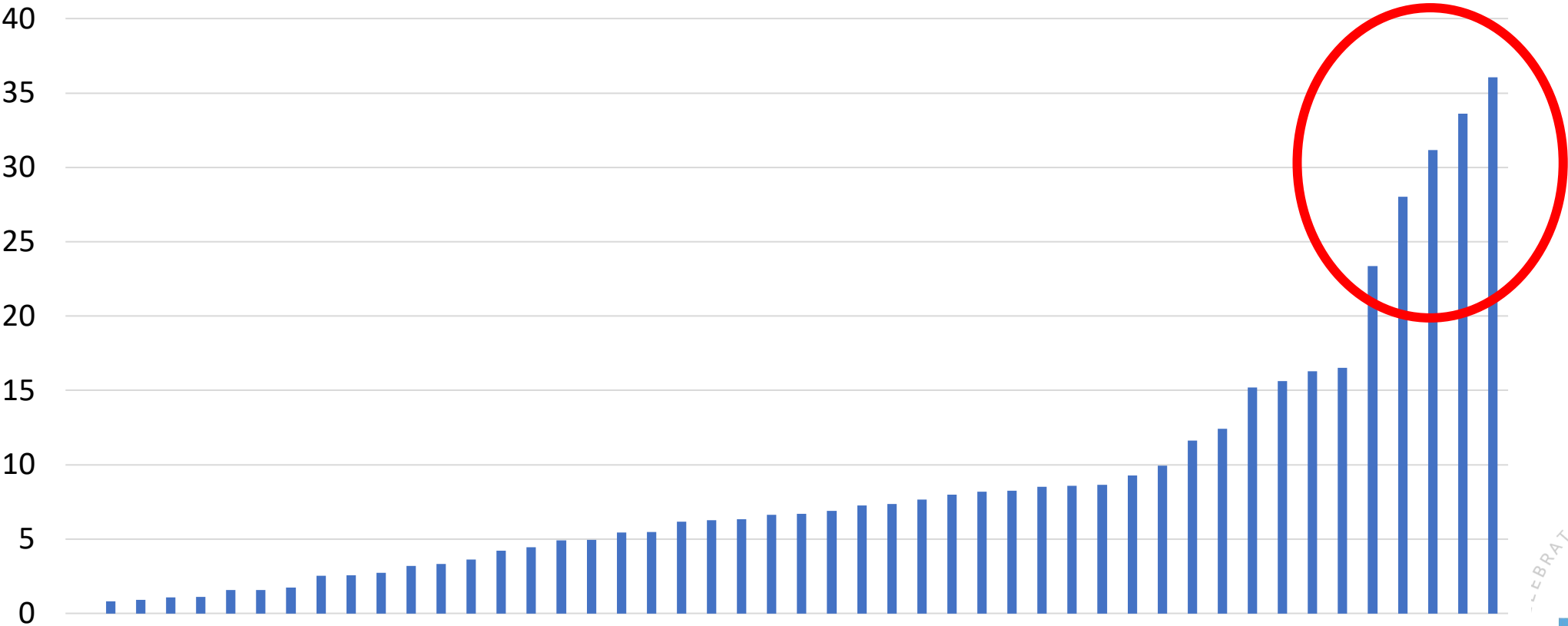
% of A&G requests that were converted to a referral during 2020/21: Average for all specialities



Advice and Guidance is a core element of the Outpatient Transformation Programme, aiming to support GPs to avoid onward referral by giving access to specialist advice

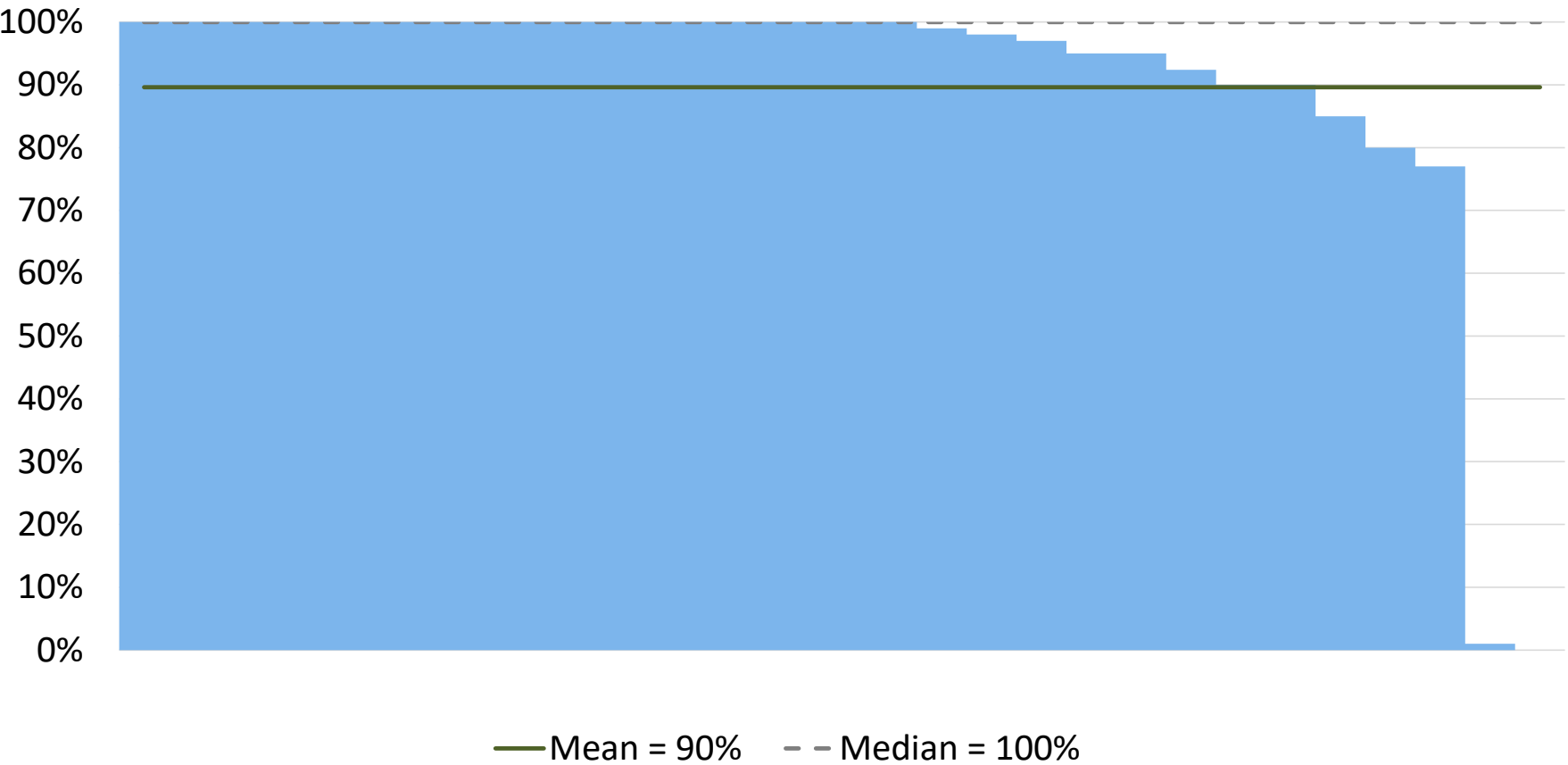
A&G operational guidance metric

Number of Advice & Guidance requests per 100 outpatient first attendances



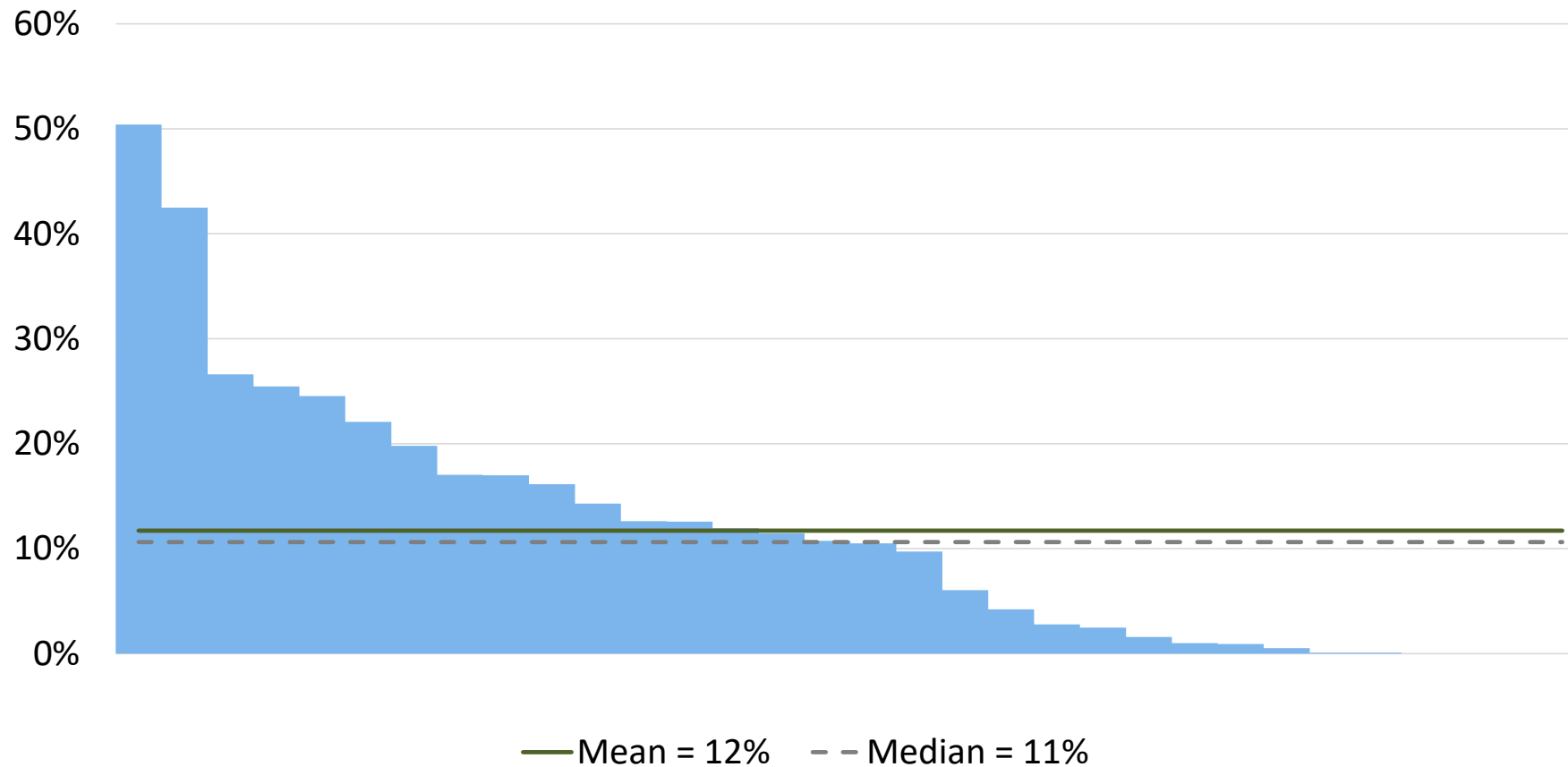
e-Referral service

Clinics available for booking on e-Referral service



Appointment Slot Issues

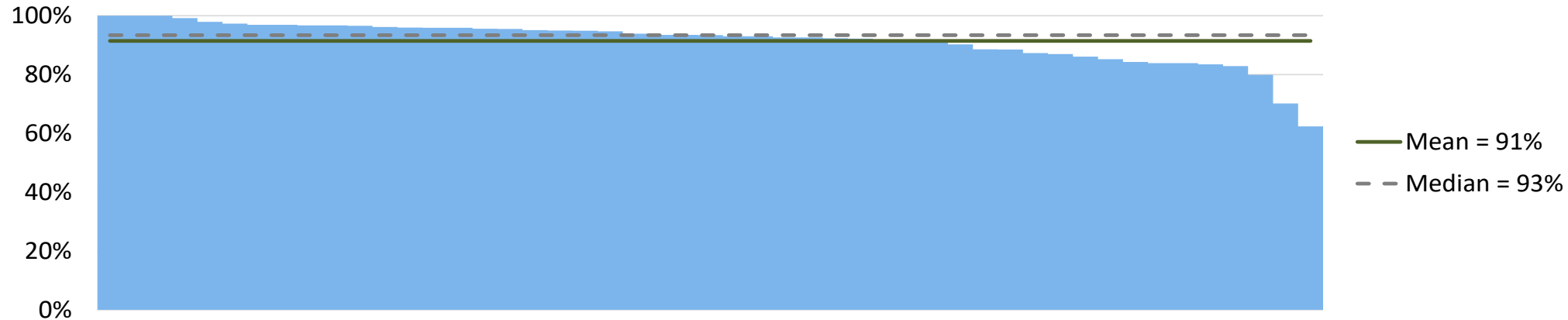
ASIs recorded as percentage of new appointments in 2020/21



Mean value for ASIs as % of new appointments has increased to **12%** from **6.2%** in 2020

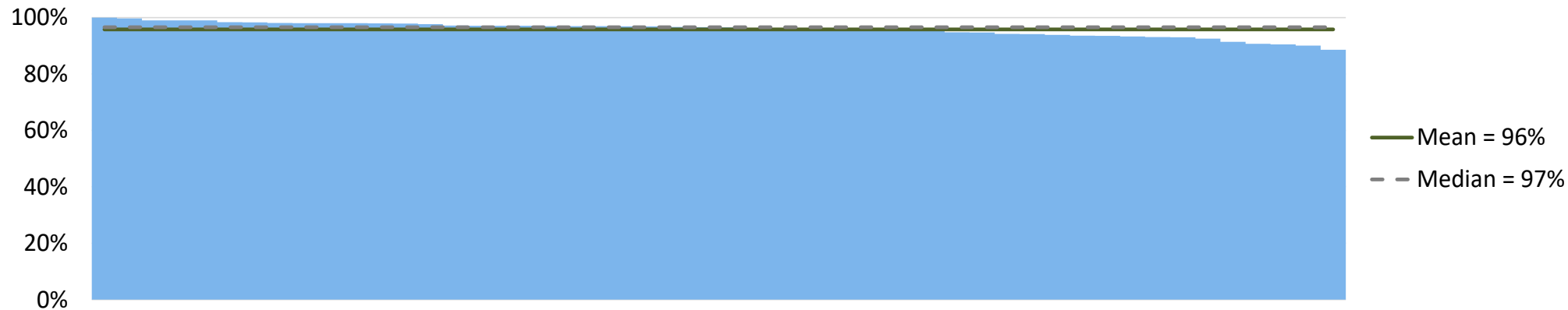
Cancer waiting targets: England

Two week wait from GP urgent referral to first Consultant appt.



Two week pathway:
Mean **91%** against an operational standard of **93%**

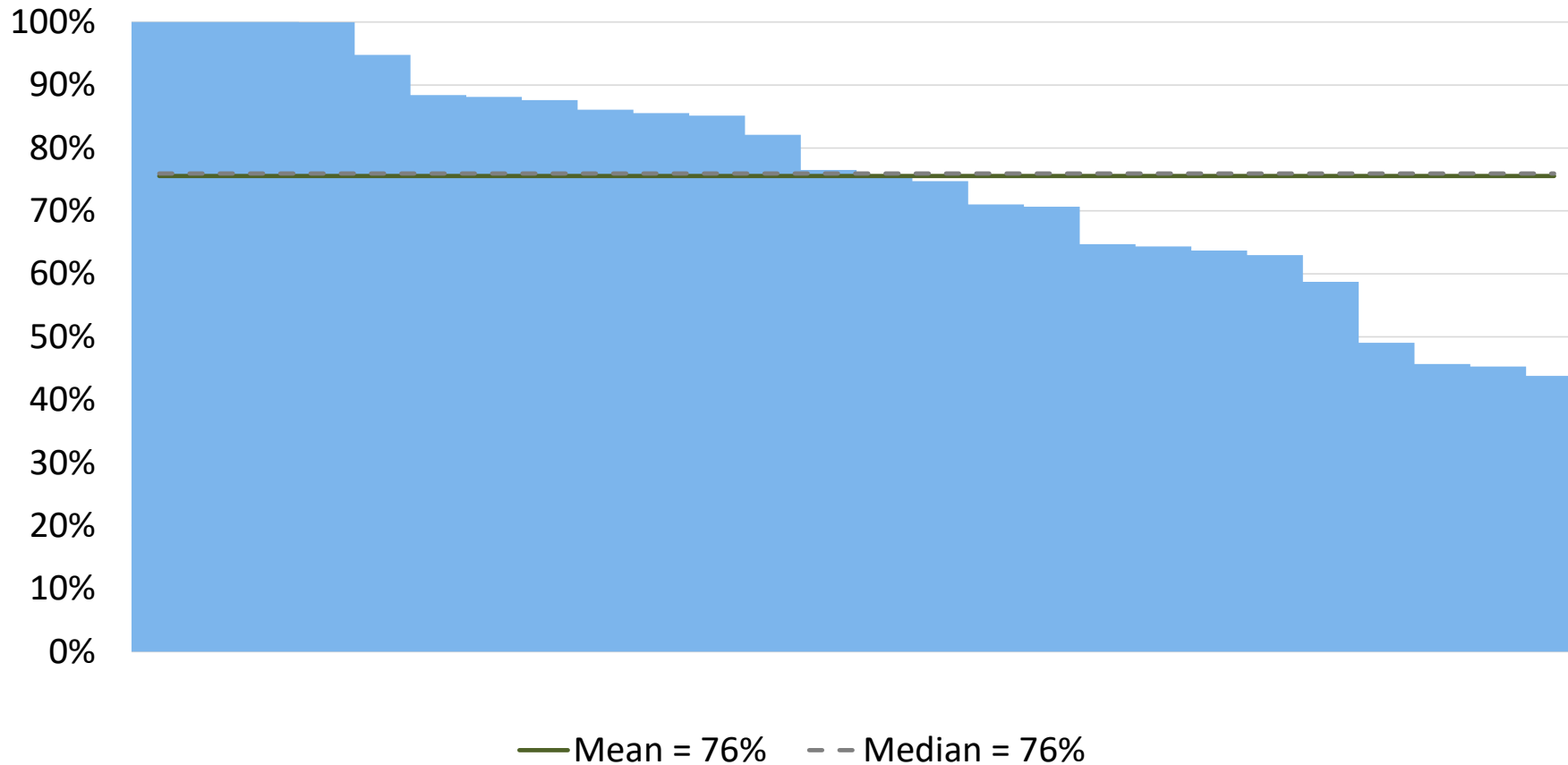
One month wait from a decision to treat to first treatment



Treatment: Mean **96%** equal to standard

Clinic capacity

Percentage of scheduled clinics delivered in 2020/21

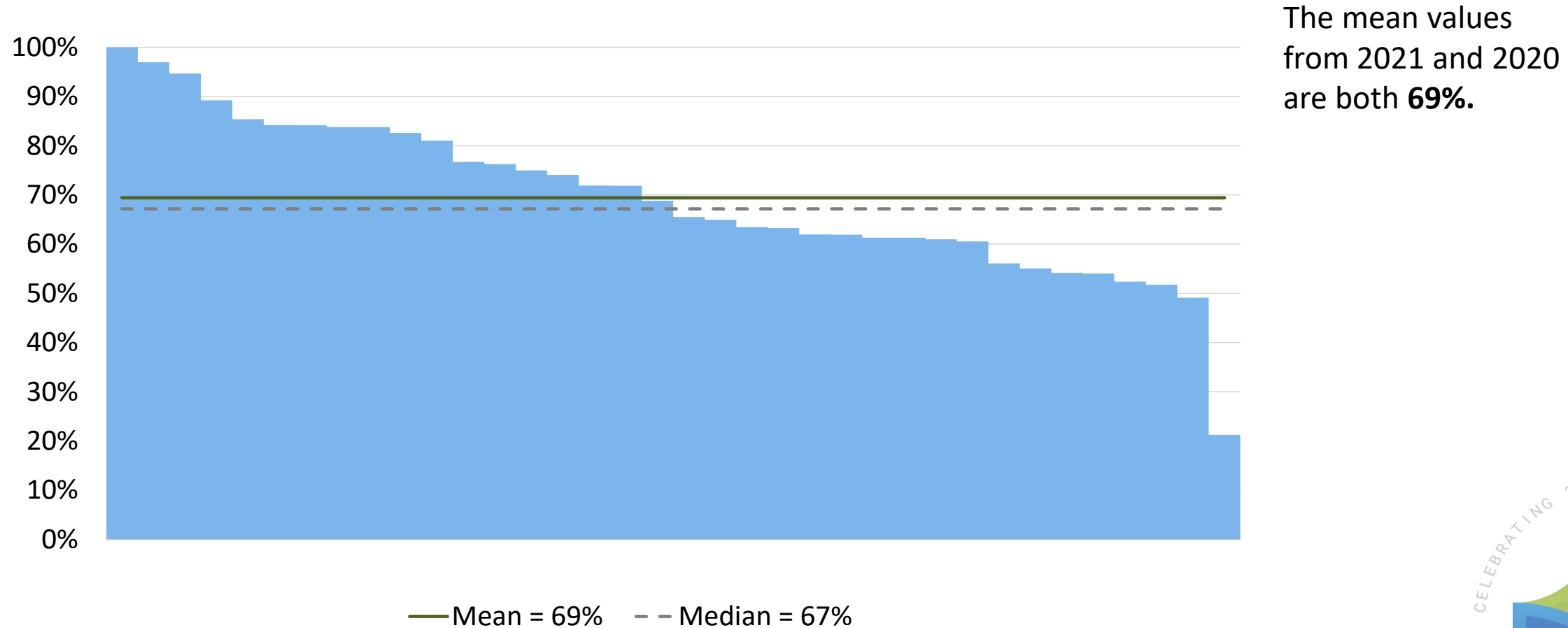


In 2021, this mean value was **76%**.

In 2020, this mean value was **86%**.












Clinic capacity

Percentage of clinics delivered that were consultant led in 2020/21


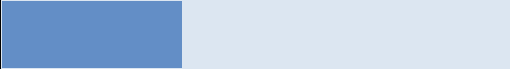
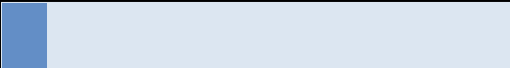
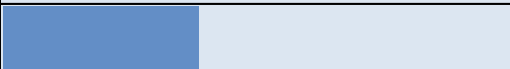


Remote consultation provision

Video consultation provision

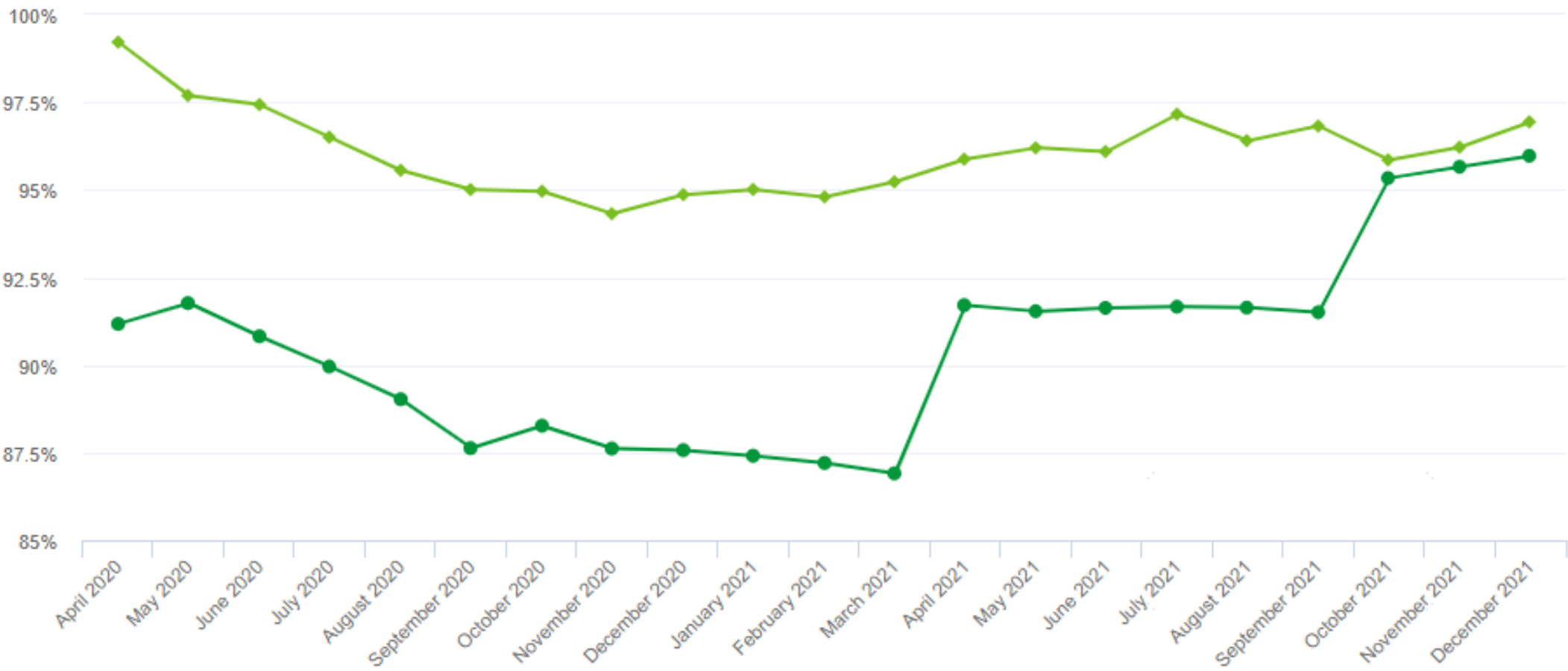
	0% Percentage responding Yes 100%	All participants % yes
Ophthalmology		70%
Trauma & Orthopaedics		87%
Cardiology		91%
Dermatology		69%
Gynaecology		92%
Urology		90%
Ear, Nose & Throat (ENT)		84%
General Surgery		84%
Respiratory Medicine (Thoracic Medicine)		91%
Clinical Haematology		92%
Paediatrics		92%

Platform use for remote consultations

	0% Percentage responding Yes 100%	All participants % yes
Attend Anywhere		83%
Microsoft Teams		35%
Skype		9%
Other		38%

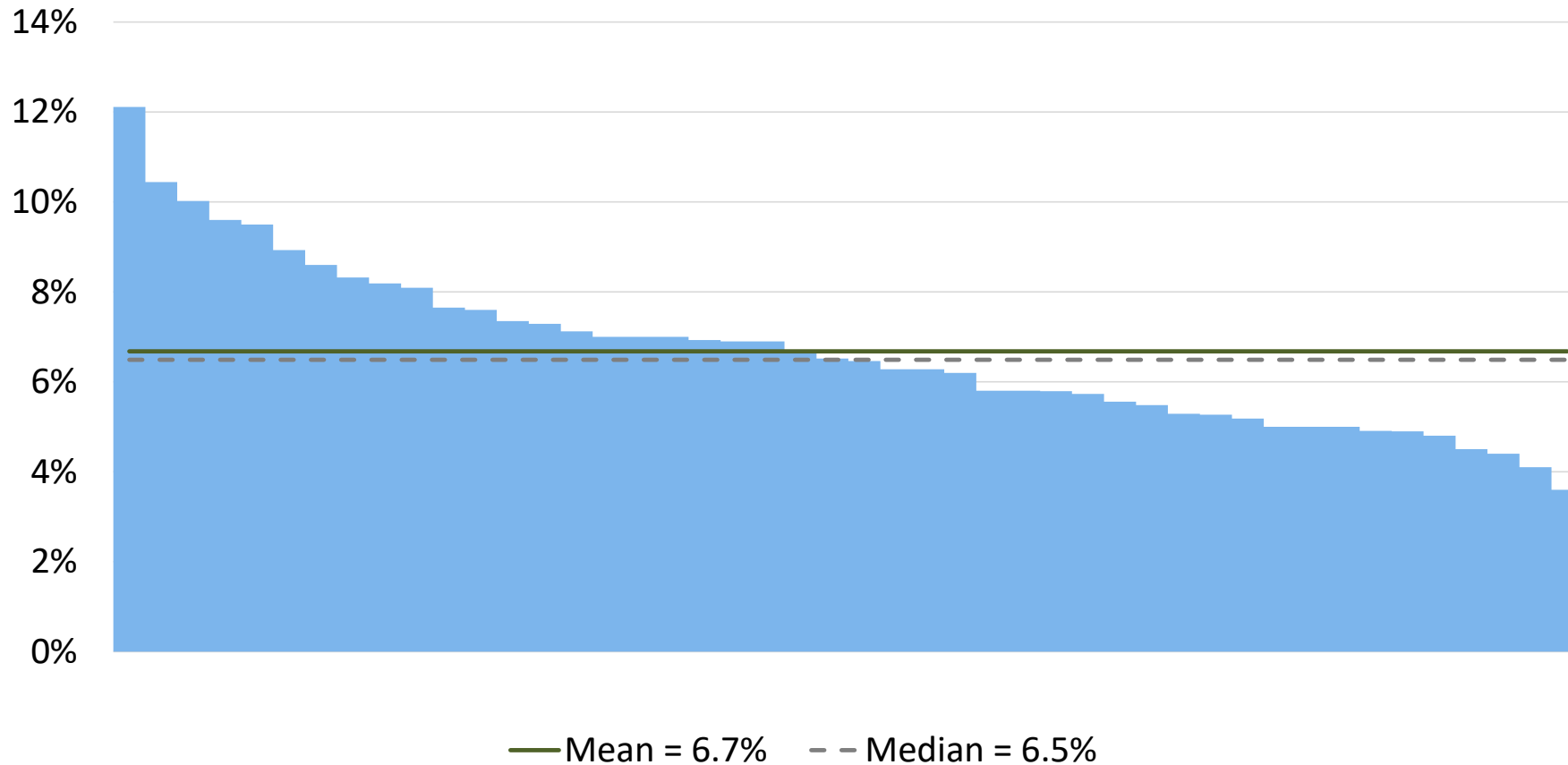
Acute Transformation Dashboard: remote attendances

% of all remote attendances delivered by telephone (all specialties)



Activity

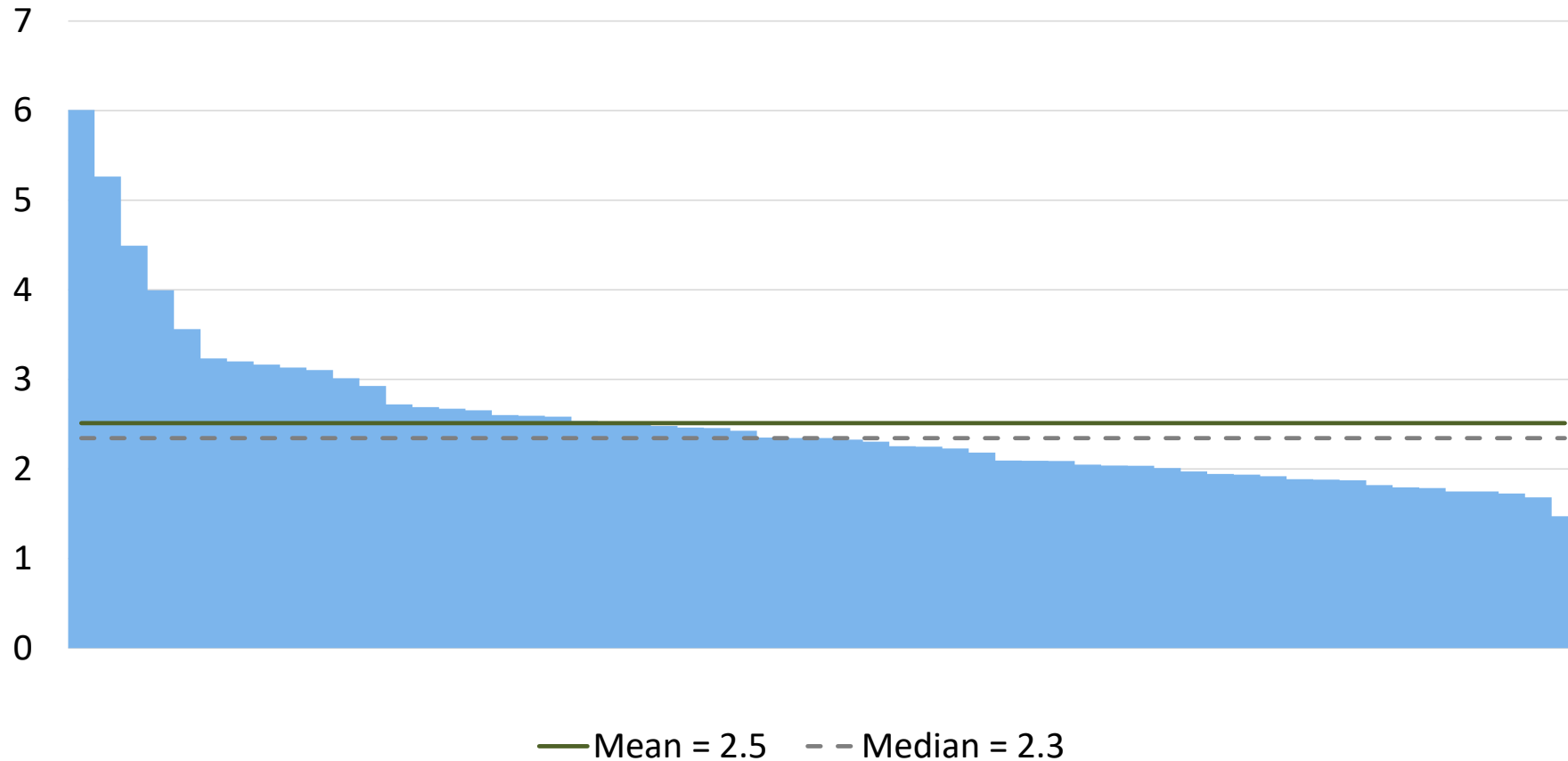
Average DNA rate across all specialities 2020/21 (%)



- **6.7%** in 2020/21
- **7.3%** in 2019/20
- **8.0%** in 2018/19
- **8.4%** in 2017/18

Activity

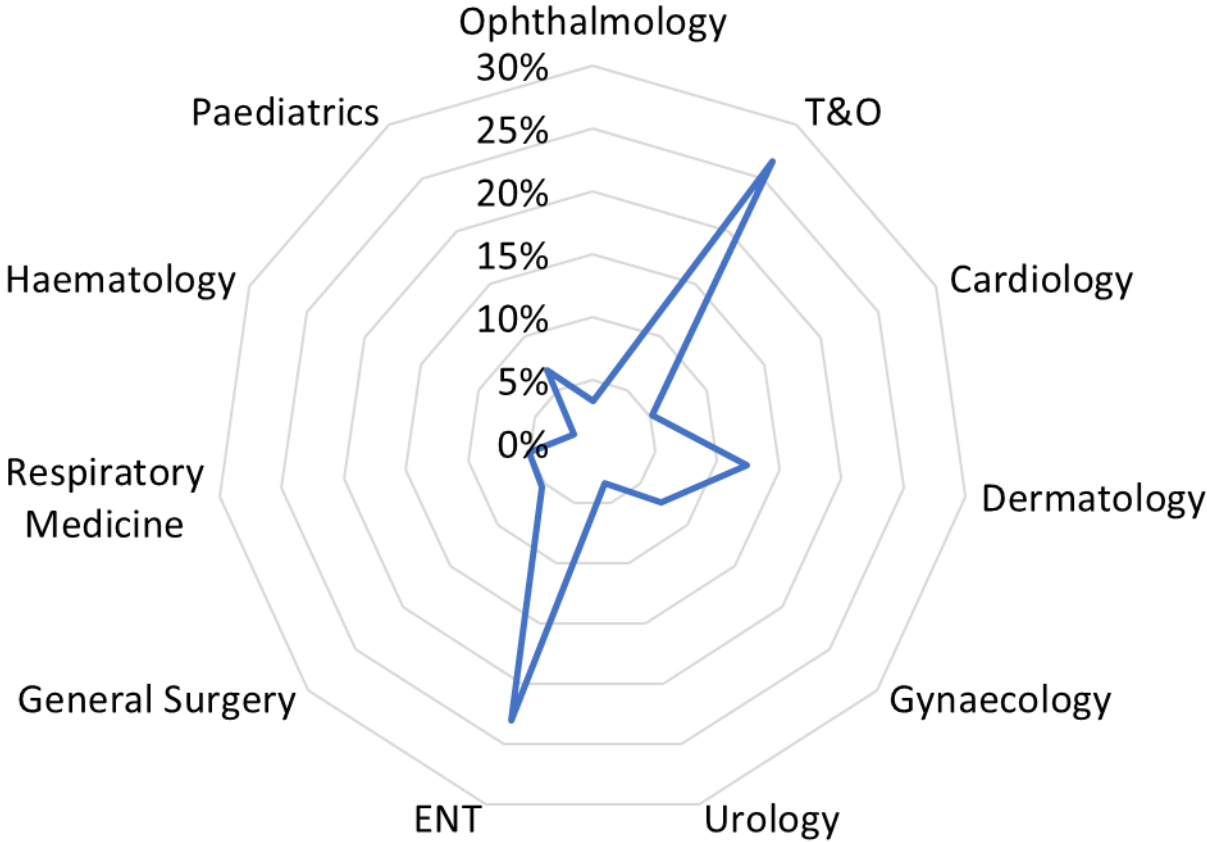
Follow-up to new face to face attendances in 2020/21



- 2.5 in 2020/21
- 2.3 in 2019/20

PIFU provision

Speciality analysis of patients on a PIFU pathway at the 31st March 2021

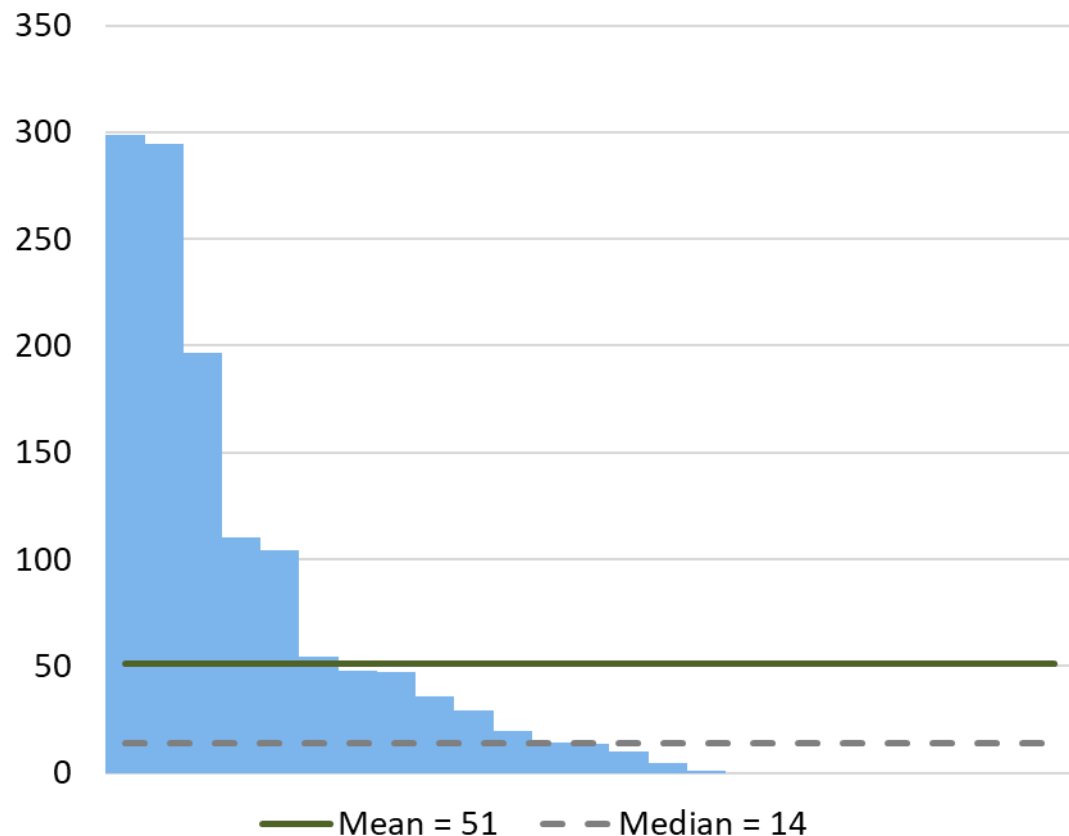


Speciality	Value
Ophthalmology	3%
T&O	27%
Cardiology	5%
Dermatology	12%
Gynaecology	7%
Urology	3%
ENT	23%
General Surgery	5%
Respiratory Medicine	5%
Haematology	2%
Paediatrics	7%

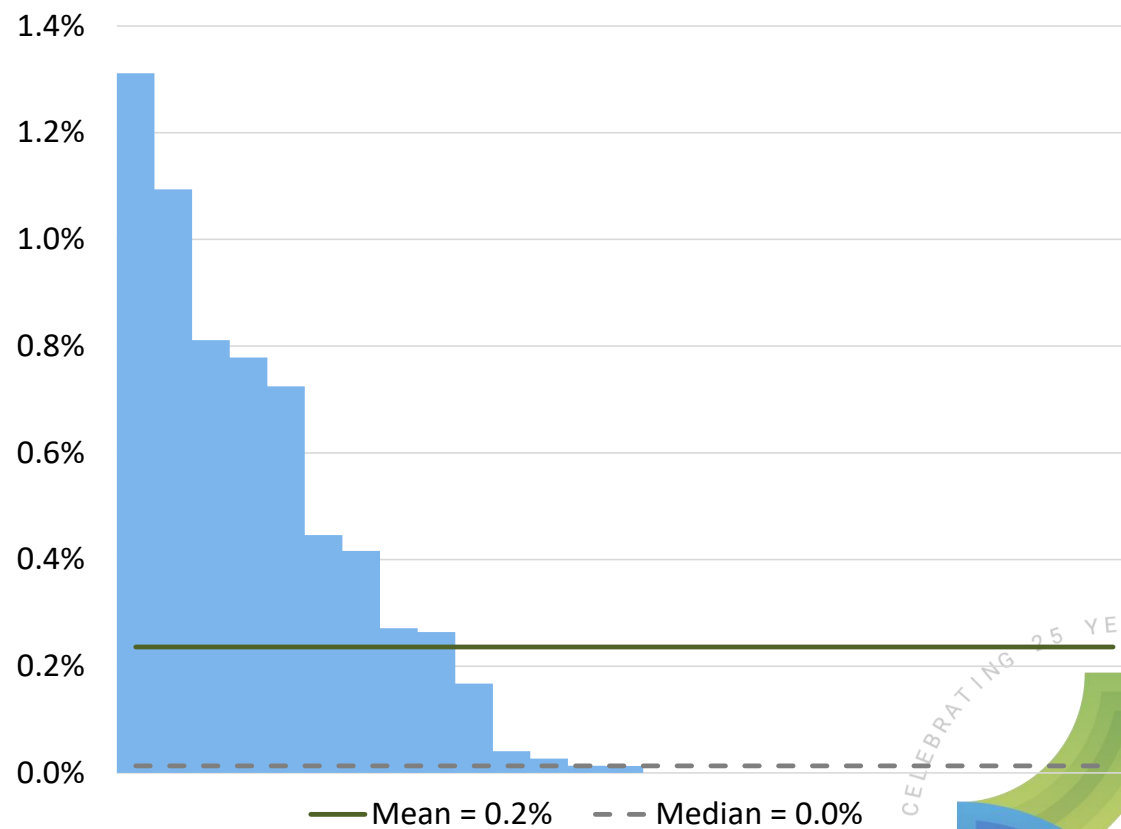


PIFU activity

Patients on a PIFU pathway at 31st March 2021 per 10,000 outpatient attendances

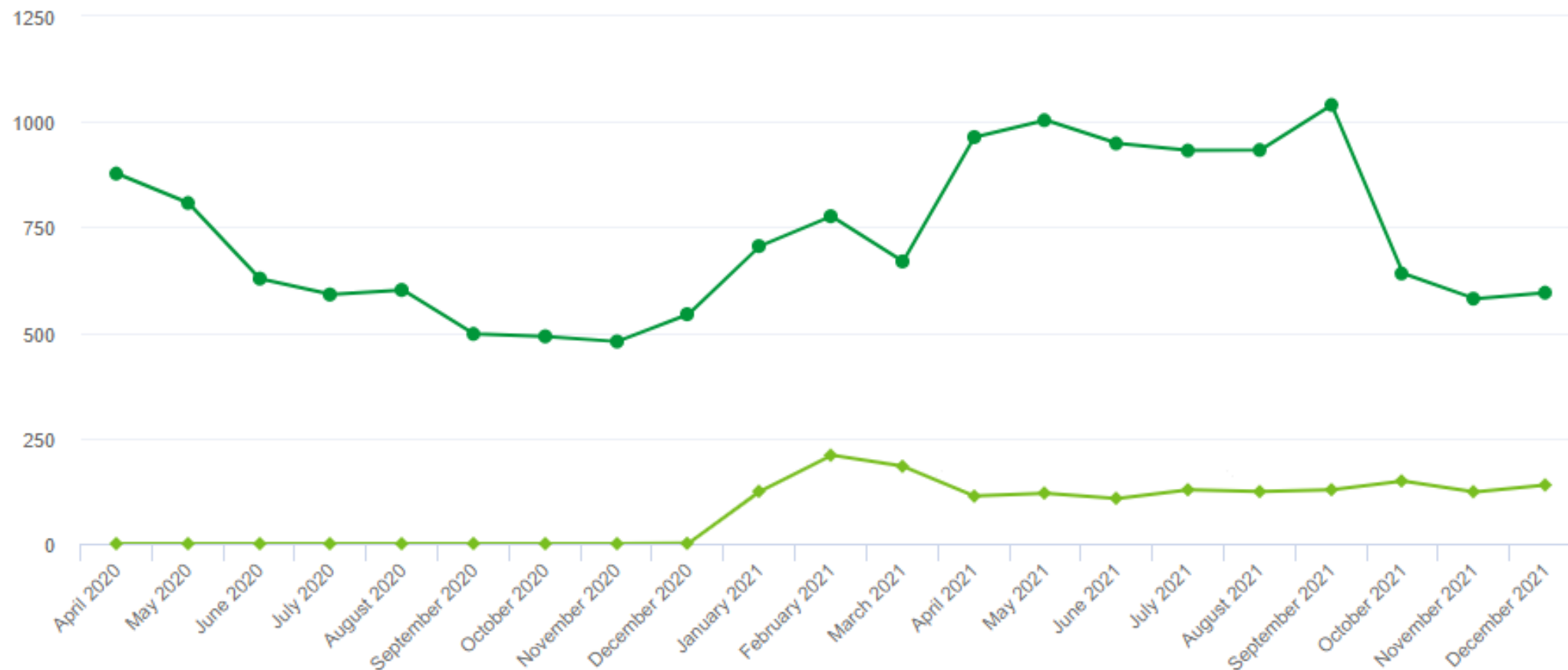


% number of patients who activated their PIFU out of all follow-up appointments



Acute Transformation Dashboard: PIFU

Number of patients on a PIFU pathway (as at last day of the month) per 10,000 follow-up attendances (all specialities)



Key messages

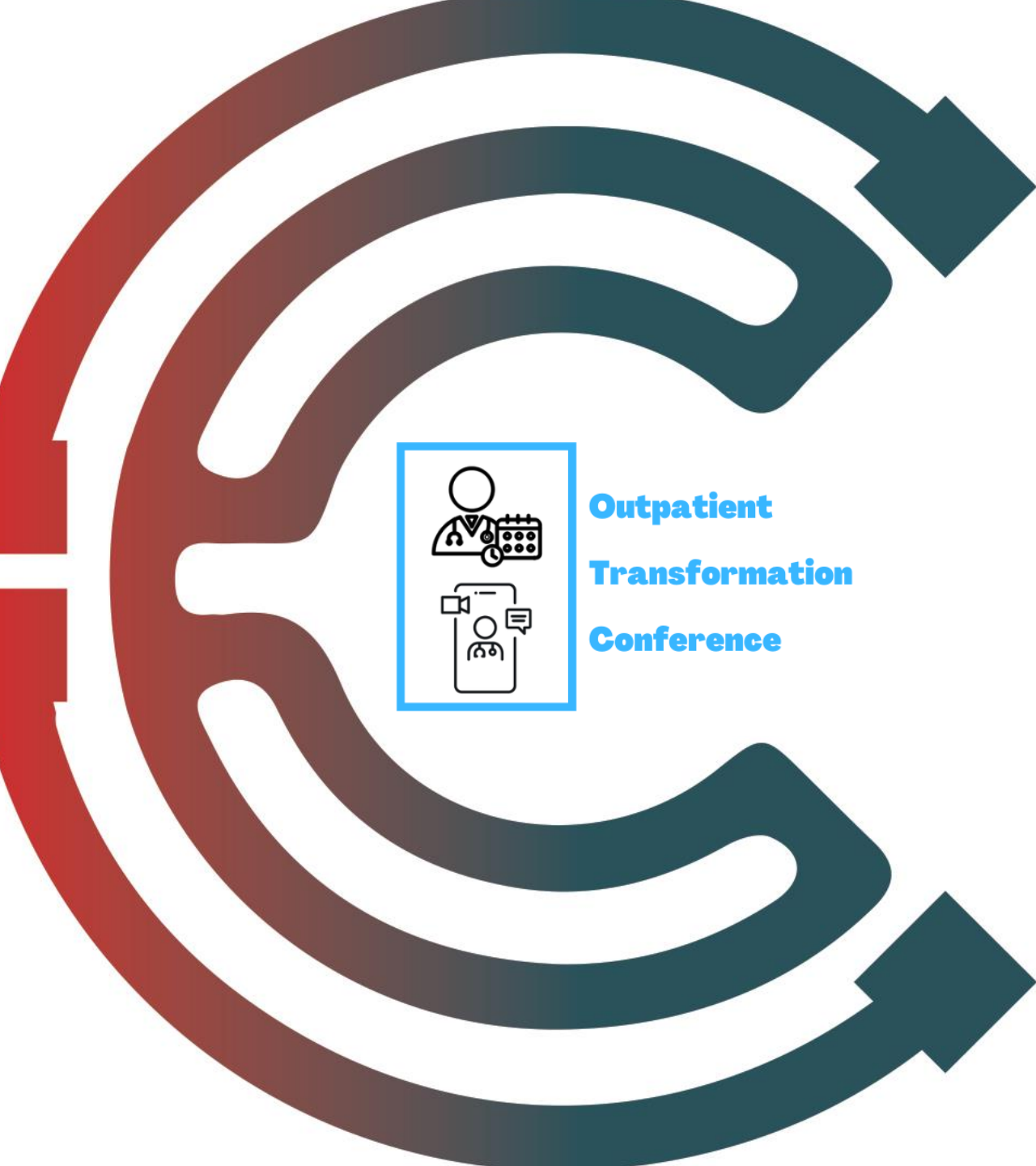
- Outpatient attendances in 2020/21 at 80% of pre-pandemic levels
- Total referrals returned to normal by the summer of 2021, but reducing slightly recently
- Advice & Guidance implementation uneven between specialities/organisations
- Percentage of all attendances that were remote peaked at 48% in April 2020, in June 2021 this was 28%
- Telephone consultations still account for the majority of remote consultations (85% – 95% for the duration of the pandemic)
- Follow-up to new attendance ratio increased last year but is now reducing as more new attendances are being undertaken
- DNA rates reduced during the pandemic but have recently increased, which may be due to more face to face appointments taking place
- PIFU yet to make an impact

Next steps

- Thank you for listening
- All core project outputs are available on the members' area – bespoke reports emailed to project leads and deputy project leads
- 2021/22 Quarter 3 data of the ATD has recently been validated and published
- The Outpatients project will run in 2022 collecting 2021/22 data – with the project launching for data collection in April 2022
- If you have any queries, please contact the project team

Contact details

- Project Manager: Chris McAuley,
chris.mcauley@nhs.net
- Project Coordinator: Jess Millar,
j.millar9@nhs.net



**Outpatient
Transformation
Conference**

Rachel McKernon &
Alison Peace at Medtronic

Medtronic

Engineering the extraordinary

PARTNERING WITH YOU TO

ADVANCE PATHWAYS & SIMPLIFY DATA MANAGEMENT

Rachel McKernon – UK Service Development

Alison Peace – UK Patient services digital Health

Cardiovascular Diagnostics and Services

3rd March 2022



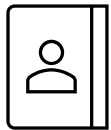
Technology & Services Partner

- Global healthcare technology leader
- 90,000 people across 150 countries
- Solutions that treat more than 70 health conditions;
- **Cardiovascular**
- Diabetes
- Medical/Surgical
- Neuroscience
- 71 million patients treated worldwide
- \$2.5 Billion R & D



NHS PARTNER INTERVIEWS*

Meeting today's demands



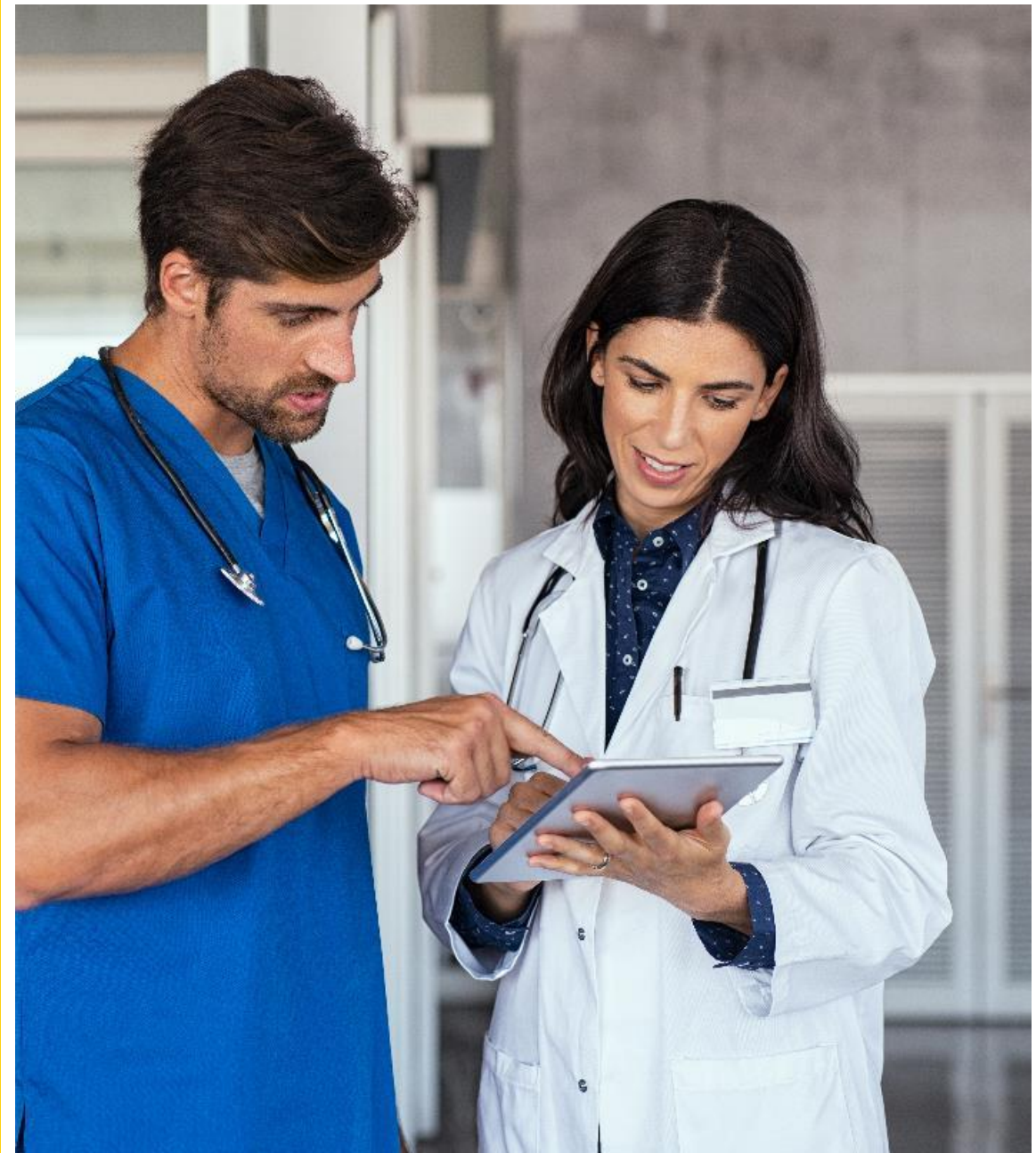
Referral Connections: Cardiologists & Referrers *want to rebuild pathways to expedite diagnosis*. We need to focus on capacity to deliver this change



Remote Diagnosis: COVID 19 has *accelerated the need & interest to diagnose patients remotely* but our hospitals need a strong partner to implement the change

*350 clinical interviews: Impact of COVID 19 & influencing factors in patient referrals , Medtronic Data on File, Dec 2020

ENABLING
BEST QUALITY
OF CARE WHILST
DRIVING
EFFICIENCIES
AT EVERY STEP
OF THE PATH
TO DIAGNOSIS &
MANAGEMENT

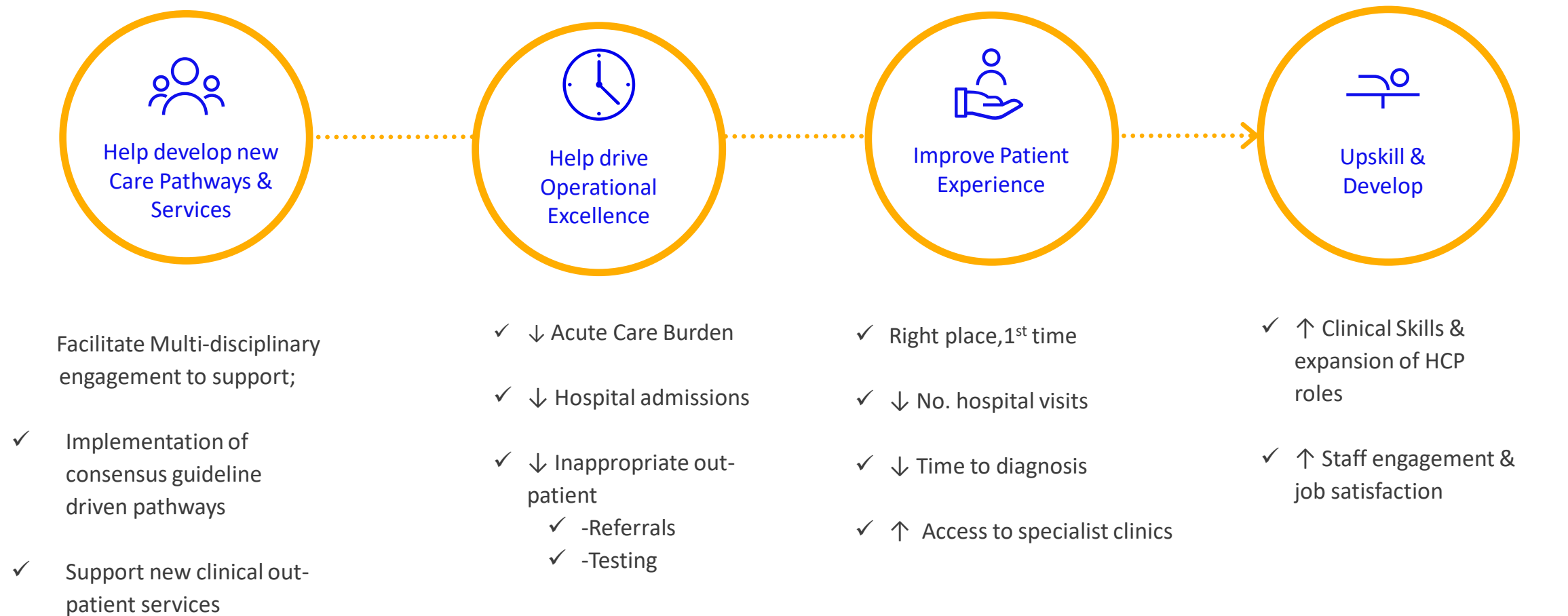


Medtronic

Service development in practice

Cardiac Diagnostics

40+ UK diagnostic partnership examples



Service Development in Practice

Need & Opportunity

Who?

Patients presenting with 'blackouts'

ICD-10 code R55x (Syncope and collapse)

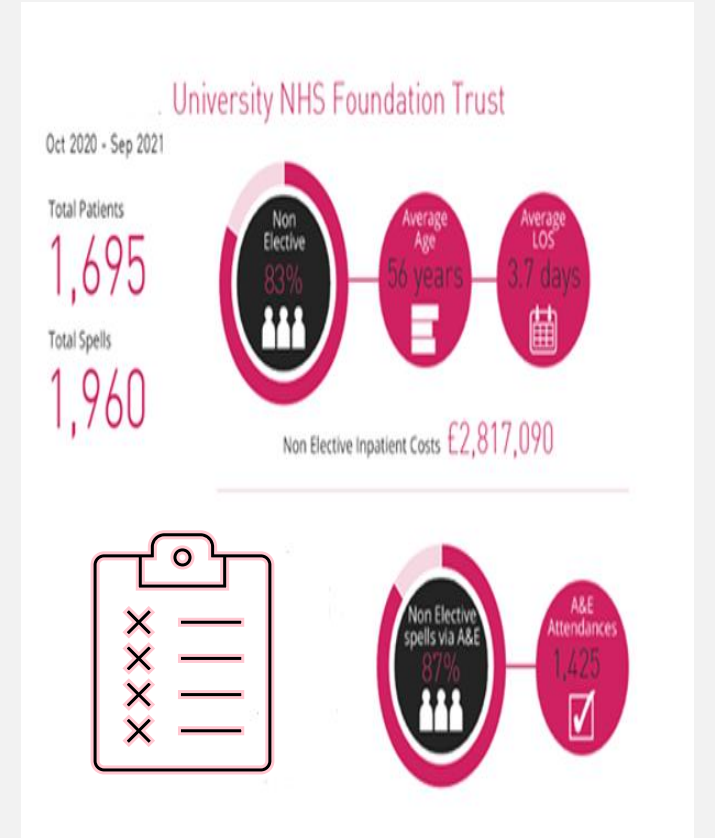


Why?

- 0.6-1.7 % ED visits per year²
- 49% patient admitted¹
- 1-2% hospital admissions³
- >50% leave with no formal diagnosis²
- ED presentation : 0.8% die and 10.3% suffer a non-fatal severe outcome at 30 days²



Example



1. Reed MJ, Newby DE, Coull AJ, Prescott RJ, Jacques KG, Gray AJ. The ROSE (risk stratification of syncope in the emergency department) study. *J Am Coll Cardiol.* (2010) 55:713– doi: 10.1016/j.jacc.2009.09.049

2. Sandhu RK and Sheldon RS (2019) Syncope in the Emergency Department. *Front. Cardiovasc. Med.* 6:180. doi: 10.3389/fcvm.2019.00180

3. Sun BC, Emond JA, Camargo CA., Jr Direct medical costs of syncope-related hospitalizations in the United States. *Am J Cardiol.* 2005;95:668–71.

Case Study Example

North- East England



Lean Operations

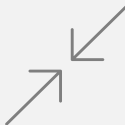
Audit of current service :



- ✓ MDT Consensus Pathway developed
- ✓ Nurse led triage service
- ✓ Dedicated clinic started



Implementation Develop



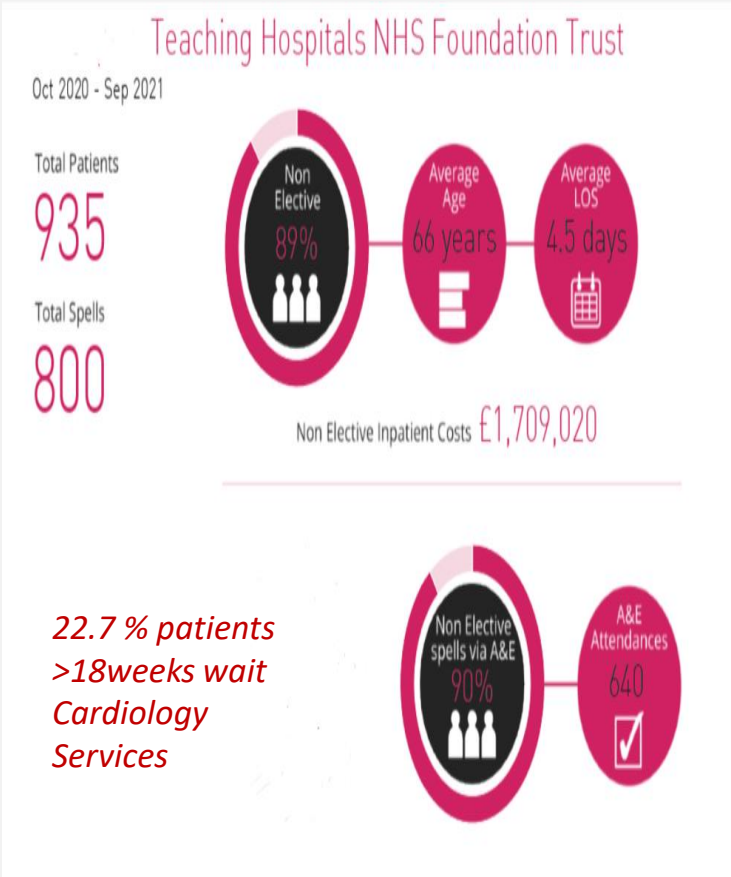
Impact Savings & Avoidance

Metrics	Impact
Admissions	41 fewer admissions average per month (↓48%)
Bed Days saved (6 months)	810
Out-patient assessment (mean)	23 days v148 days to access Cardio o/patients
Diagnosis at 1 st appt	73% (90% within 2 weeks)
Patient Satisfaction	98% pts happy with service

Case Study Example

North-West England

Challenge



Opportunity

Metrics (per annum)	Impact	Associated costs (per annum)
Admissions	↓ 380	
Bed Days	↓ 1,728	- 841,536 ⁴
Unnecessary Testing out-patients ⁷		- 427,776 ⁵
	Reduction	£ 1,269,312

Partnership

‘Triage & train’ Pilot

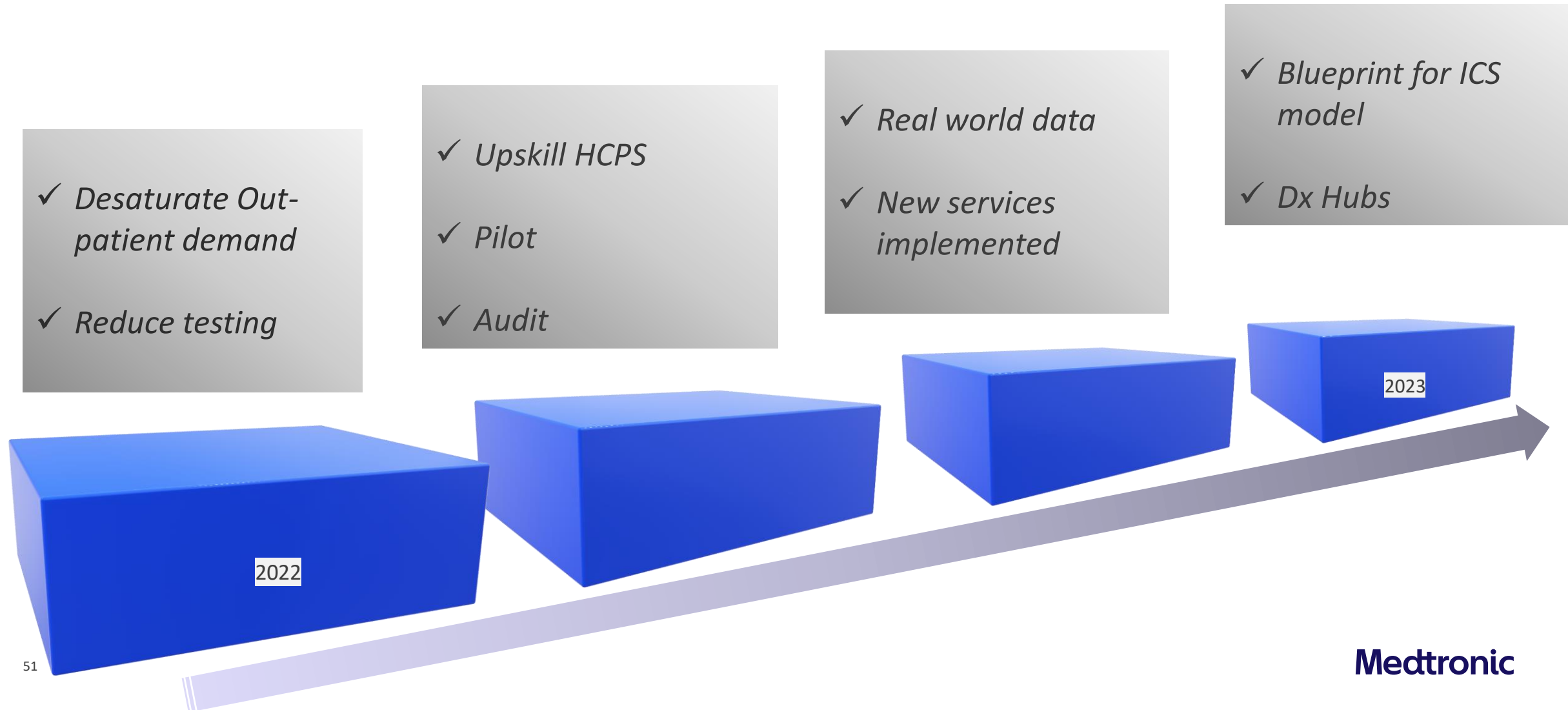
- ✓ Peer led proctorship programme
- ✓ Upskilling HCP’s + driving down out-patient waits
- ✓ 4 pilots in progress;
 - Yorkshire
 - Lancashire
 - East England
 - London



4. Dreyer K, Parry W, Jayatunga W, Deeny S, 'A descriptive analysis of health care use by high cost, high need patients in England'. Health Foundation; 2019.4
5. Edvardsson N, Frykman V, van Mechelen R, Mitro P, Mohil-Oskarsson A, Pasquie JL, Ramanna H, Schwertfeger F, Ventura R, Voulgaraki D, Garutti C, Stolt P, Linker NJ; PICTURE Study Investigators. Use of an implantable loop recorder to increase the diagnostic yield in unexplained syncope: results from the PICTURE registry. Europace. 2011 Feb;13(2):262-9. doi: 10.1093/europace/euq418. Epub 2010 Nov 19. PMID: 21097478; PMCID: PMC3024039.

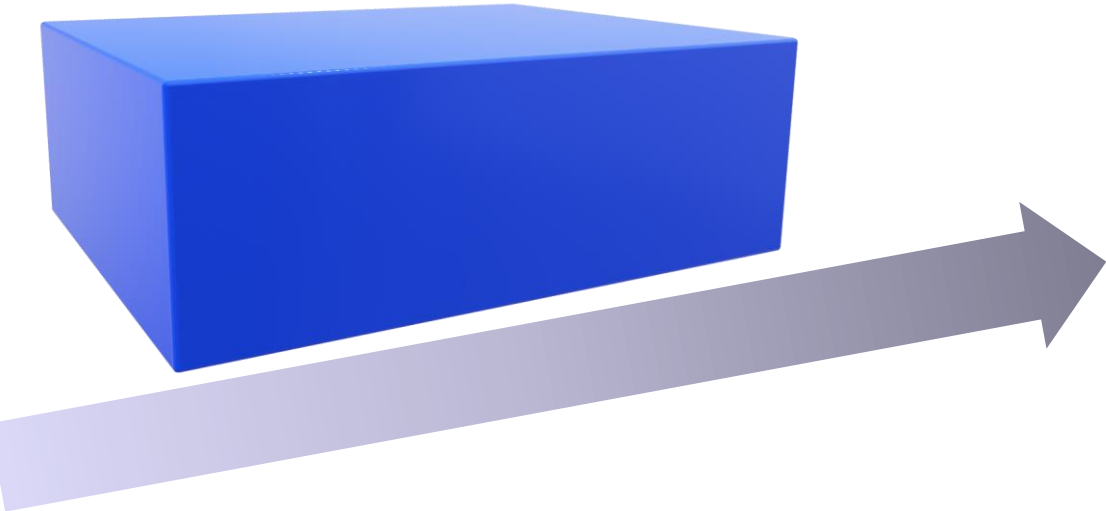
Building a sustainable platform

Building sustainable services



Every step of the pathway

Driving service developments through technology

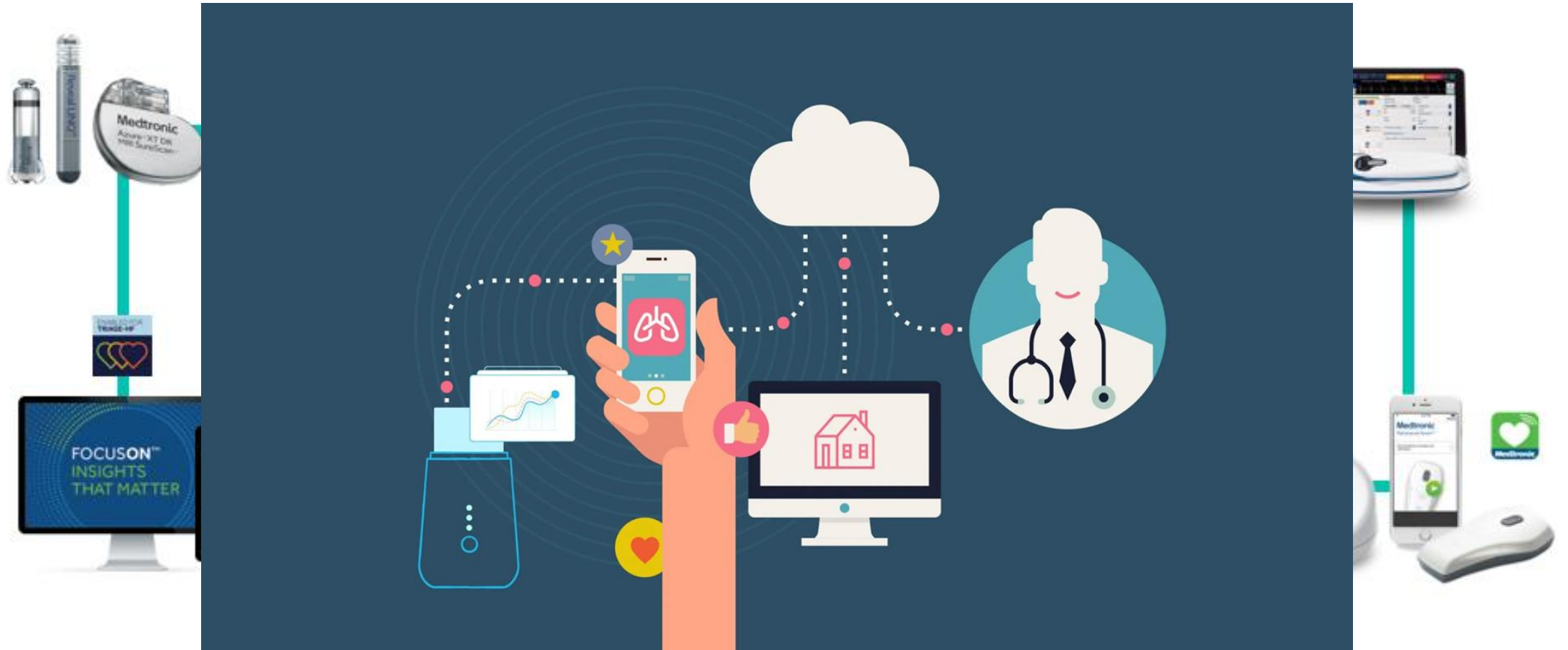


Changing times in healthcare



Medtronic Digital Health

Services and Solutions wrapped around traditional device technology



Expanding services and adapting Patient care

CareLink Express Mobile in MFT

Continuity of Care for Pacemaker Patients during the pandemic

- 405 clinic appointments
- 12 mins per appointment
- 3 DNA (0.7%)



Inpatient



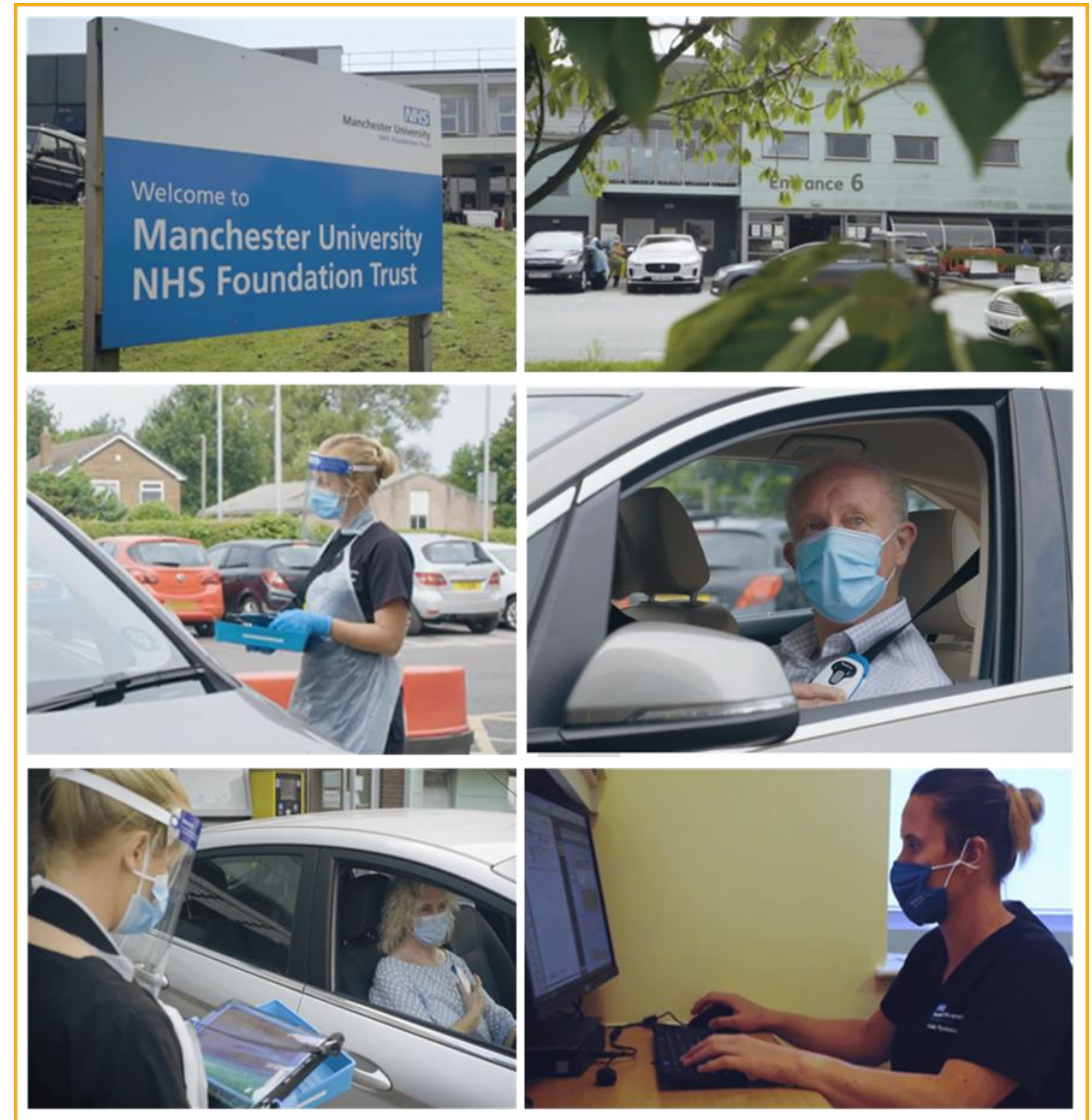
Another center



ER

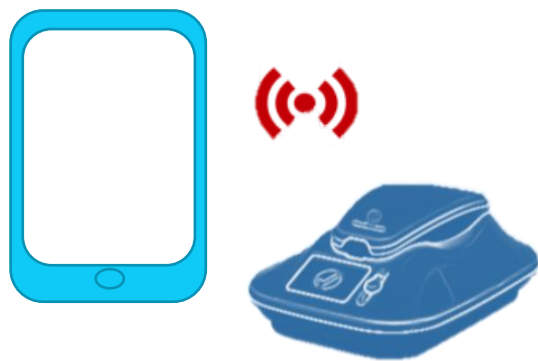


Patient's car

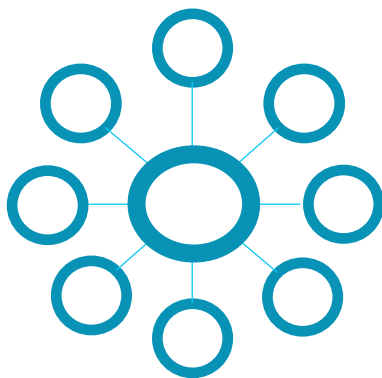


HF patient management

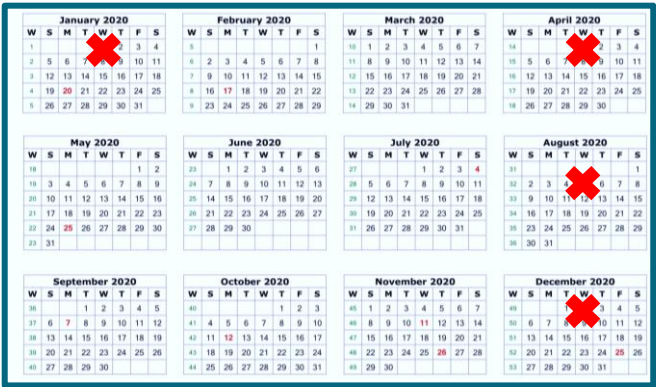
Targets for prioritisation



Technology in healthcare:
Healthcare should not standstill;
technology has the potential to
impact traditional care models



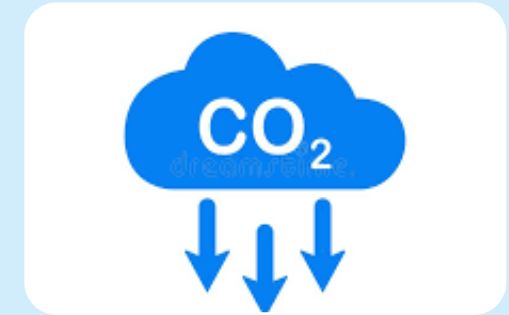
Redesigning care pathways:
Alert-based monitoring and TriageHF™
alerts have allowed us to redesign services
and develop new models of care to meet
the needs of patients



Reconfiguring services to deliver care
when clinically indicated:
TriageHF™ Plus has radically changed how and when we
deliver care, with TriageHF™ services reconfigured such
that patients now get assistance based on clinical need

Remote management of CIED patients

Avoiding patient visits, prioritising care and driving efficiencies



90,000

Patients
Enrolled

170,000

in-person
visits
avoided

4,500

Working
days

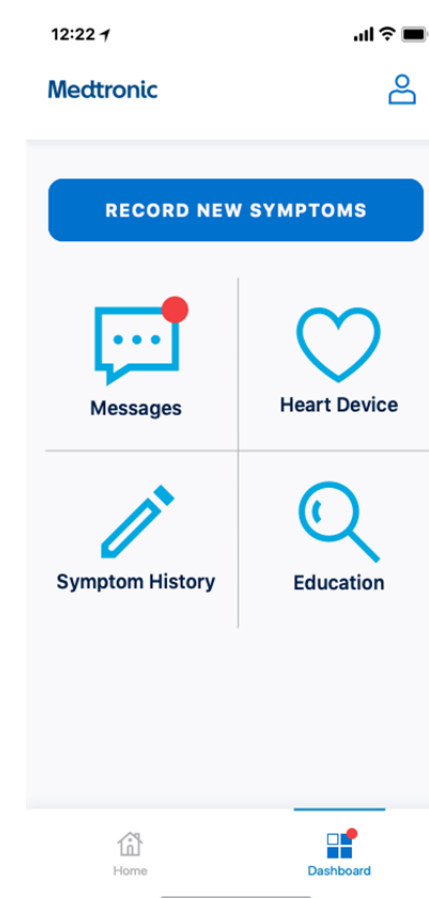
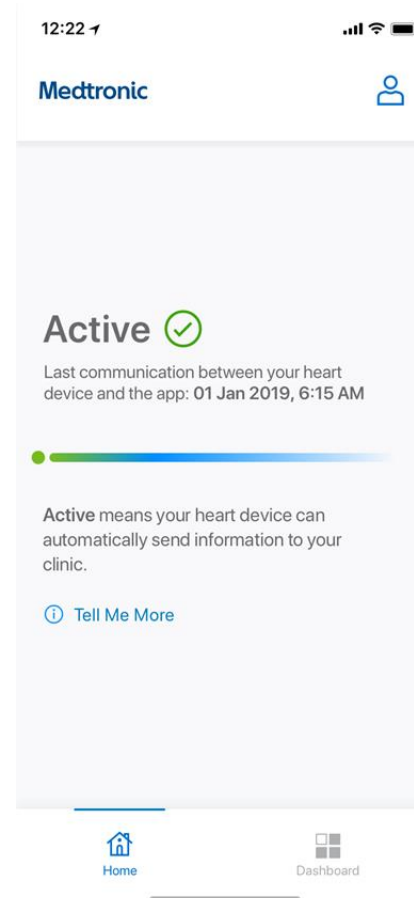
**>1,000
tonnes**

CO2
Savings

Patient Engagement

Personalised care for every patient

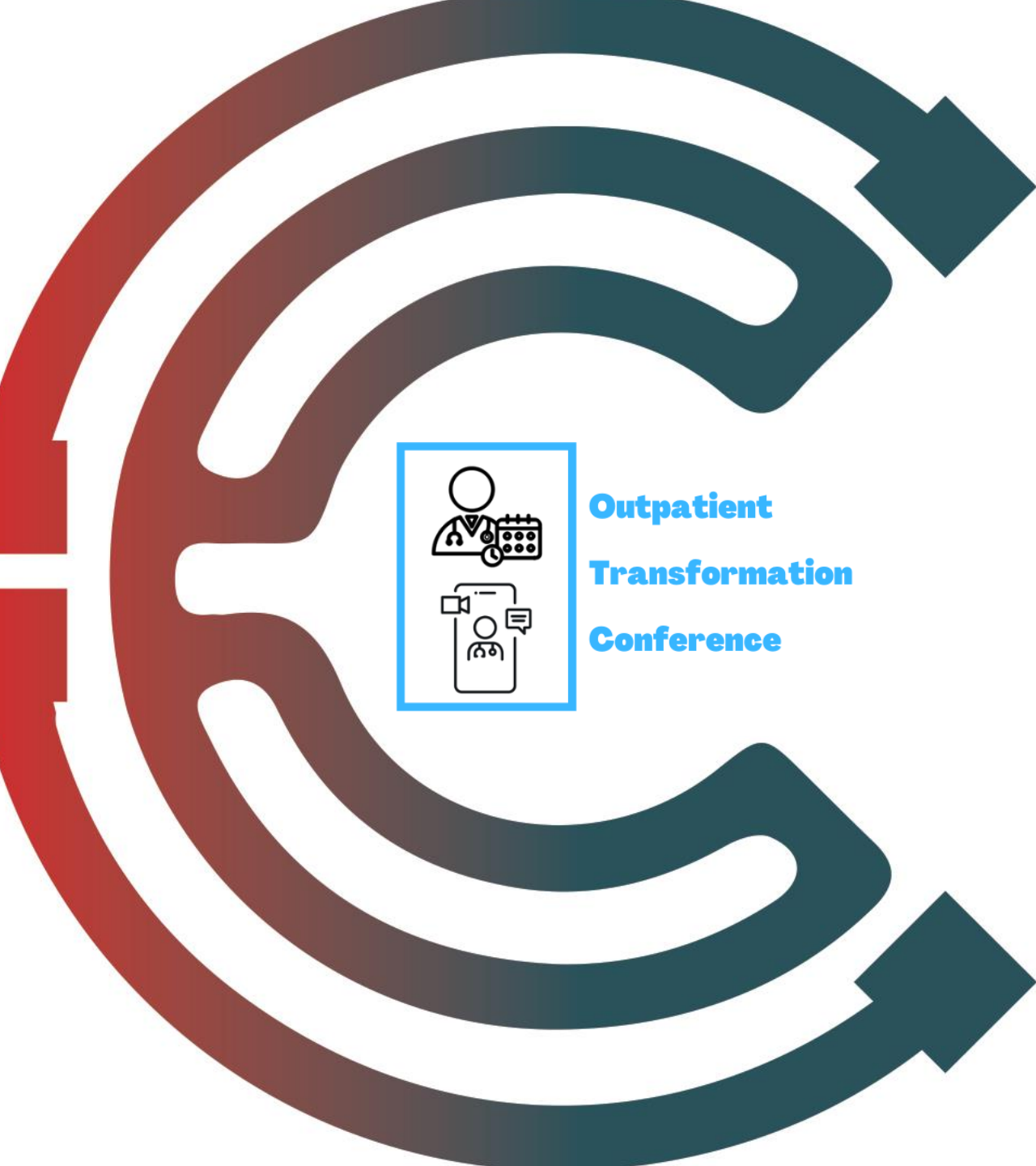
- Patient apps alongside traditional bedside monitors
- Enhanced patient education
- Sharing data with patients
 - Example, activity levels
- Patient messaging
 - Feedback on remote checks
 - Direction for future appointments





**Outpatient
Transformation
Conference**

Karen Jones, Regional Business
Manager at Visiba UK Ltd & Ulf
Österstad, Senior General
Practitioner and Head of
Operations at Visiba UK Ltd



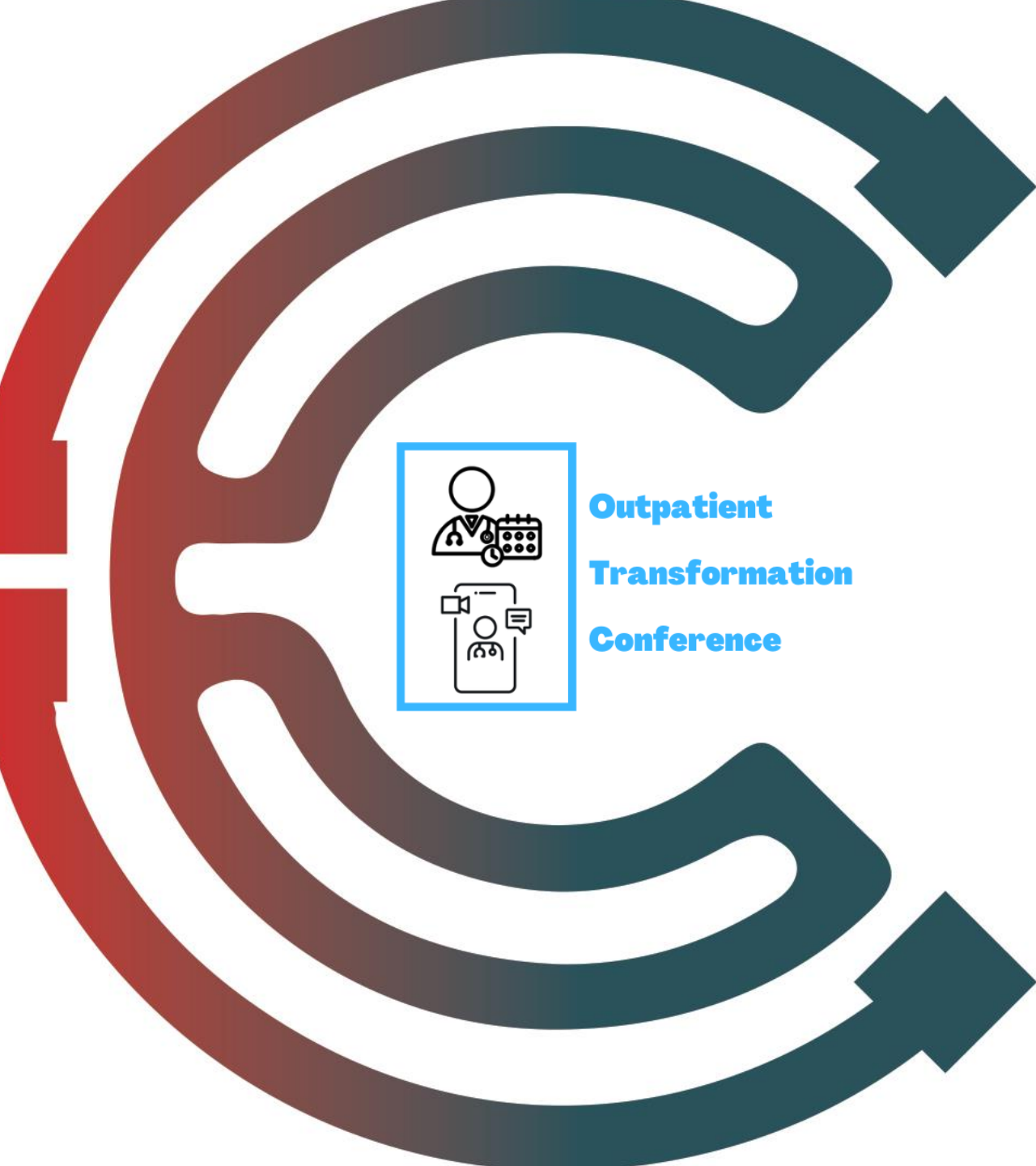
**Outpatient
Transformation
Conference**

Jim Ward, Director at
BuddyHealthcare
&
Jussi Maatta, CEO
BuddyHealthCare



**Outpatient
Transformation
Conference**

Terence Lippert,
Head of Solutions Consulting at
Nuance Communications



**Outpatient
Transformation
Conference**

The Outpatient Transformation Conference

Mercure Manchester Piccadilly Hotel – 03/02/2022

Conference hosted by Convenzis Group Limited



**Outpatient
Transformation
Conference**

Alex Harvey,
VP Sales at Spacestor



Spacestor[®]

Healthcare

Transforming Real Estate
and Patient Care



RUSSIA INVADES
UKRAINE





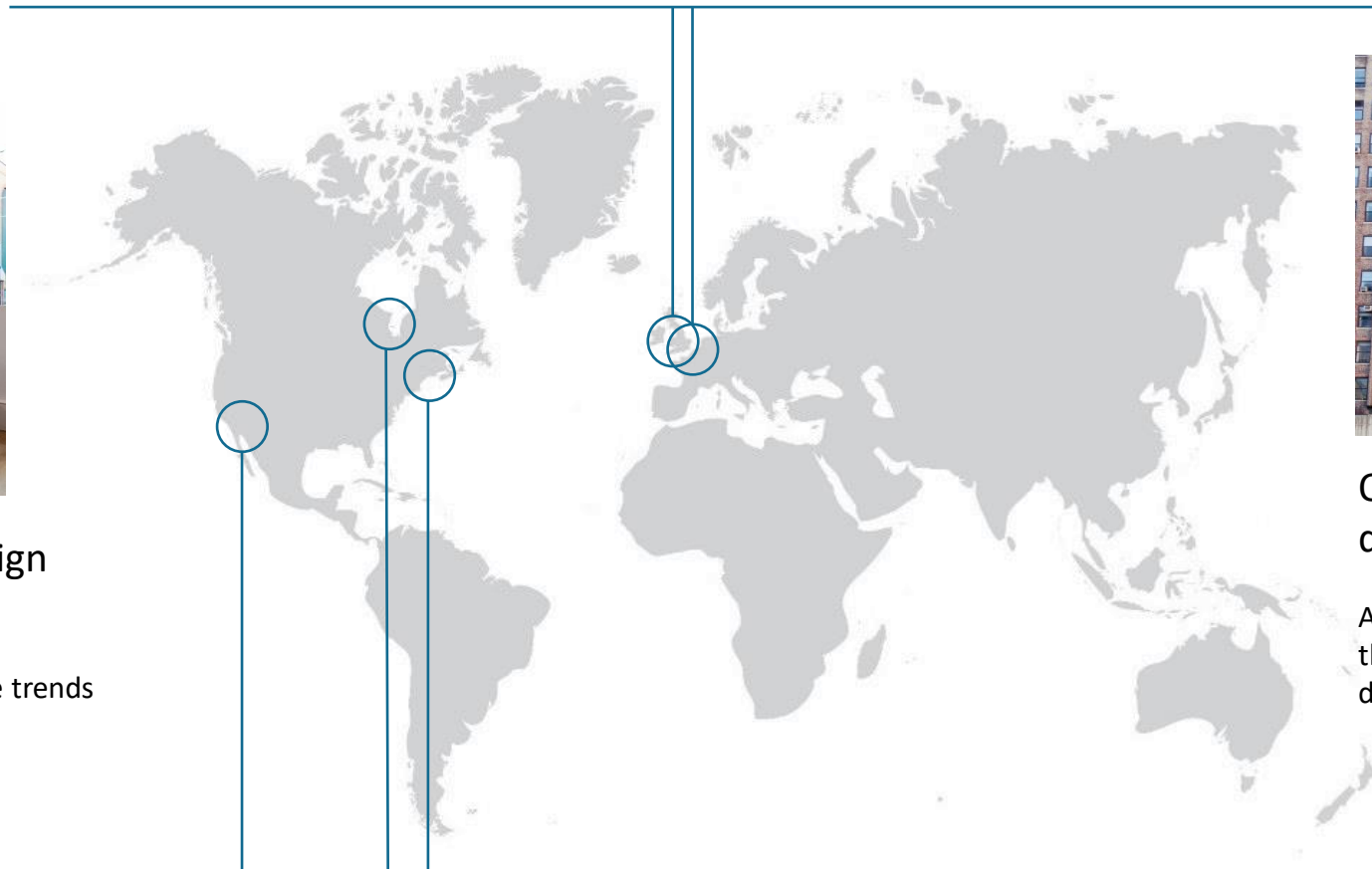
Spacestor[®]

Healthcare

Transforming Real Estate
and Patient Care

Our London design centre

Over 1,000,000+ lockers, tables, desks, chairs, pods and booths and zone dividers sold



Our flagship New York design centre

An experiential destination at the heart of the New York design scene.

Our Manchester Showroom

Opened in 2021 as our 2nd design centre in the UK serving architects & designers in the north

Our unique Los Angeles design centre

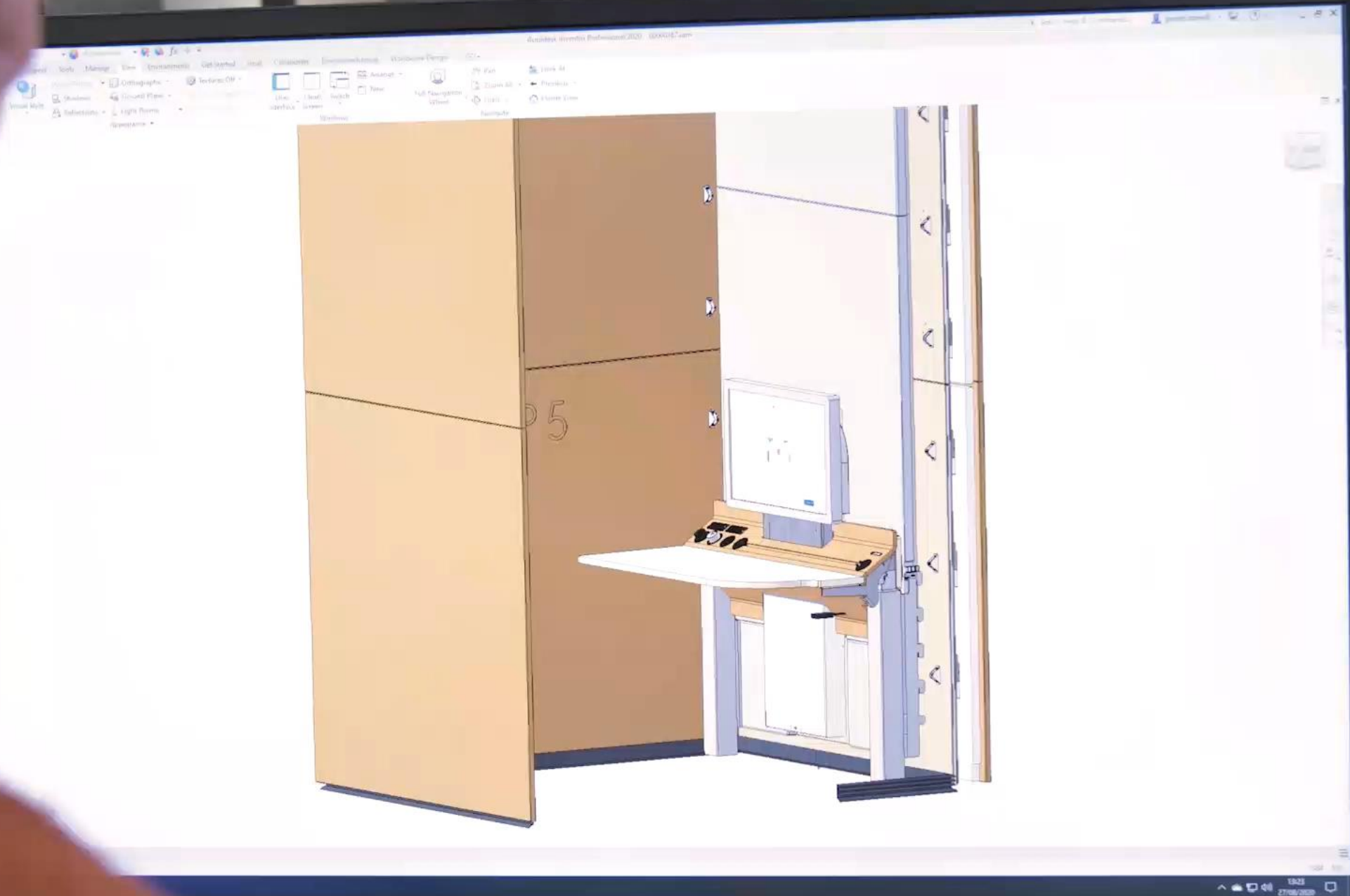
Opened in response to the workplace trends of our clients

Our Chicago space in the MART

Opened in 2021, a resimercial space blurring the lines between work and home







SAMSUNG



Consultation Pods



Residence Consult Plus

Virtual Consultations: The 6 Key Drivers



- | | |
|----|---|
| 01 | Creating cost-effective streamlined services |
| 02 | Enhancing patient choice and experiences |
| 03 | Reducing physical contact and fear of cross-infection |
| 04 | Enhancing privacy and convenience |
| 05 | Supporting staff wellbeing |
| 06 | Reducing carbon footprint |

01

Creating cost-effective streamlined services

Secure consultation booths free up valuable physical space and improve workflow, making care co-ordination easier with less effort required to attend appointments.



02

Enhancing patient choice and experiences

Blended models of care offer improved convenience and decrease travel costs, with video communication enhancing engagement and patient experience.



03

Reducing physical contact and fear of cross-infection

Virtual minimises physical contact so clinicians can support their patients without compromising their wellbeing and avoid exposure to potential pathogens.



04

Enhancing privacy and convenience

Maintaining high levels of patient trust and confidentiality is essential and is one of the top concerns patients have about engaging with digital technology.



05

Supporting staff wellbeing

Virtual consultations help practitioners arrange their workload in a way that will support a healthy work life balance.



06

Reducing carbon footprint

Removing the need for patients to travel to and from hospitals for on-site consultations reduces carbon emissions significantly as no transport is needed.





**Birmingham
Community Healthcare**
NHS Foundation Trust

Remote Consultation in a
Community Trust

Shared BCHC / Spacestor
experience of outpatient
transformation



Try out our pod!



Alex Harvey
VP Sales at **Spacestor**
Healthcare

alex.harvey@spacestor.com
07848 453183



Shane Barry
Concept Advisor at
Spacestor Healthcare

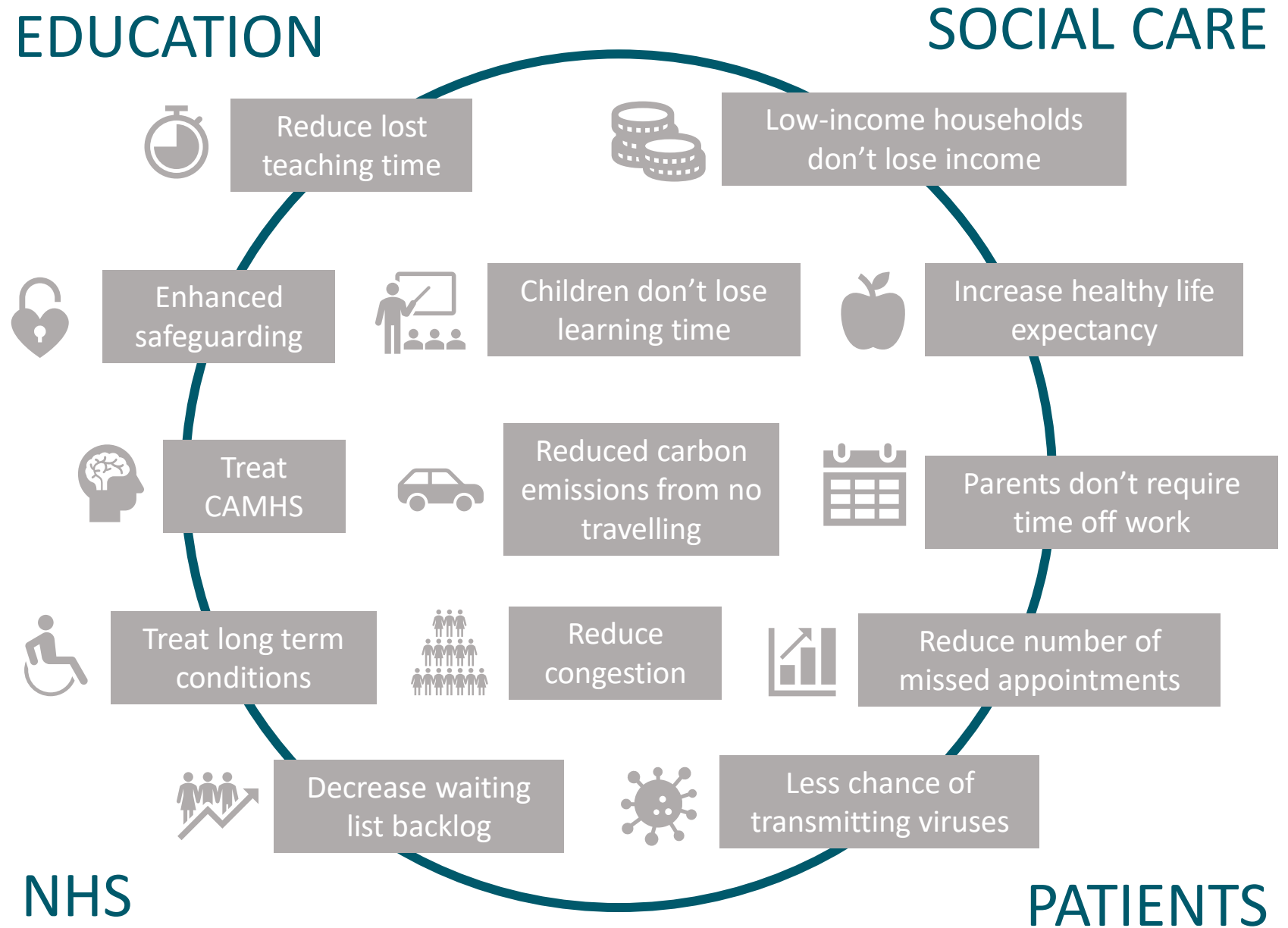
shane.barry@spacestor.com
07385 518767



Chance to Win!
Enter our prize
draw for a trial of
our pod here
today!

Spacestor[®]
Healthcare

The Benefits of Virtual Consultations at School





Register for our next webinar

Transforming Real Estate and Patient Care

Wednesday 16th March 1pm

www.spacestorhealthcare.com/healthcare-insights-live

Spacestor®
Healthcare



**Outpatient
Transformation
Conference**

Lisa Williams,
Assistant Director of
Transformation/ OPT
Programme Lead at Calderdale
and Huddersfield NHS
Foundation Trust

Back to the future - our journey into the pandemic

Lisa Williams
Assistant Director of Transformation & Partnerships

3rd March 2022









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Case for Change


Traditional outdated service




Growing demand for outpatient services 158,512 referrals in last 12 months




Constrained clinician capacity 90 vacant medical posts (14%)




Increasing wait times and appointment slot issues



Predominantly face to face appointments with Clinicians. 100% of first and 99.6% of follow up appointments



350,000 patient attendances per year



Primary & secondary care working in silos




Healthwatch Survey 2017




Climate emergency

Poor patient experience




Delays in getting an appointment and/or waiting in the hospital for late running clinics




Some appointments viewed as unnecessary or where a non-face to face appointment would have been better


Multiple visits to hospital




Stress of visiting a hospital




Moving frail or vulnerable patients out of familiar surroundings



Time off work for both patients and carers



Cost of transport, parking, childcare etc



Disruption to life: having to arrange child care cover etc.

Health & Social Care System

Clinical Leaders



Working with Communities

New Models

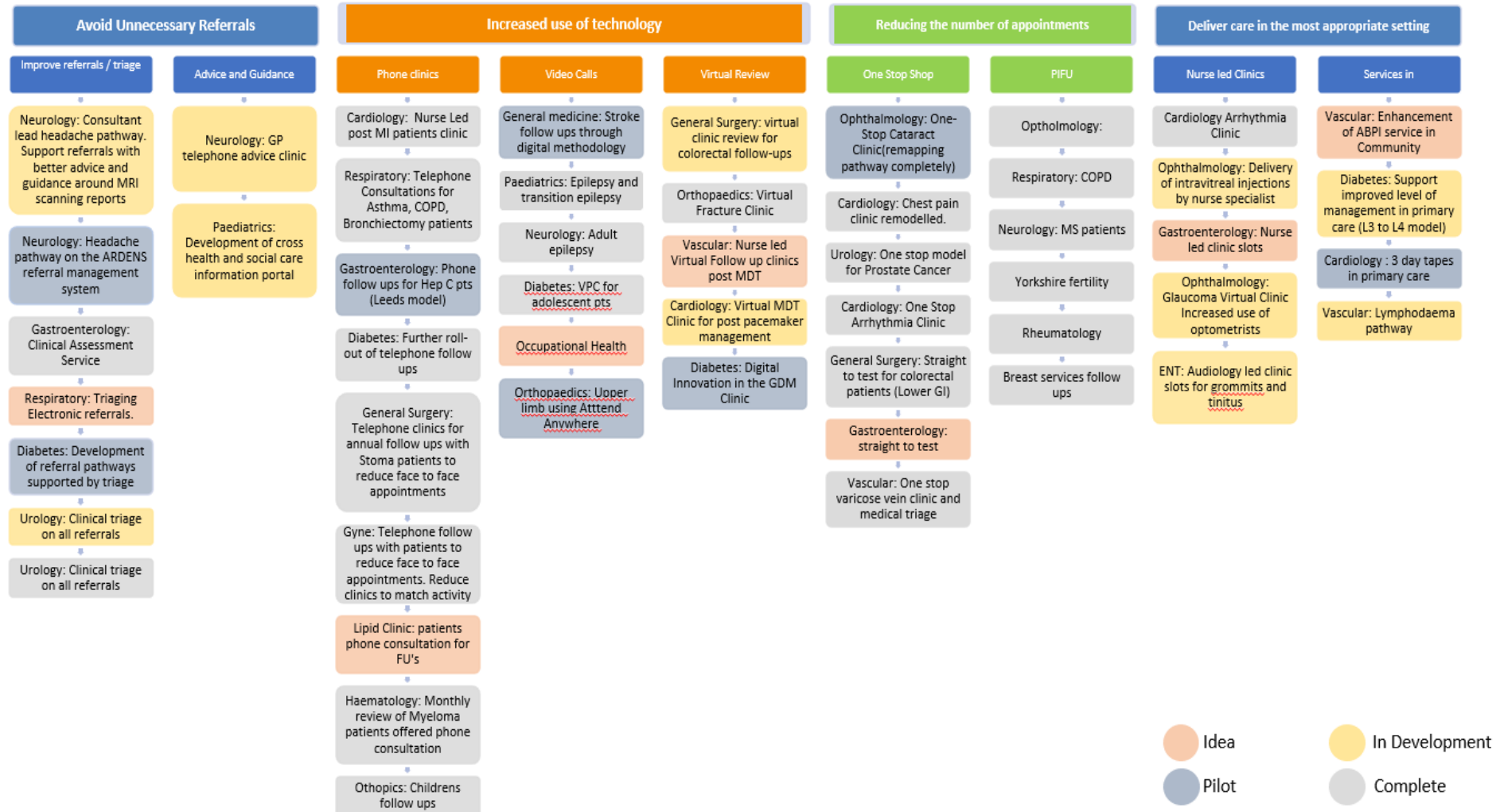
How can we improve.....

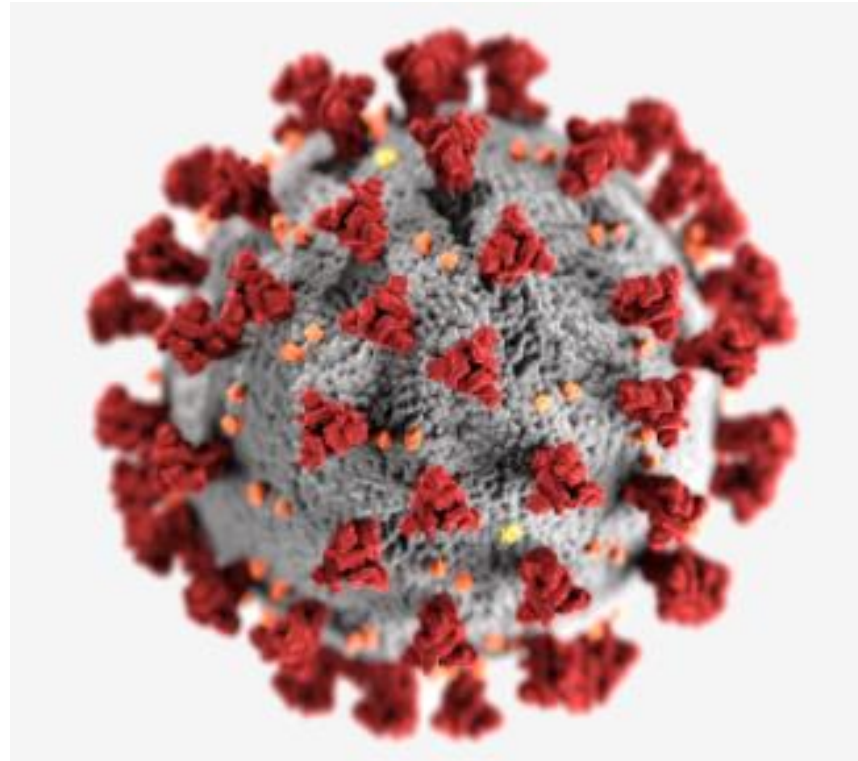
Avoid unnecessary referrals

Increased use of technology



Early Scheme Outcomes







Remote Accessibility

- First patient facing MS Teams service in WY&H
- National pilot site of MS Booking App
 - Testing >100 patient volunteers
 - 300+ people from protected characteristic groups
 - Working with Learning disabilities teams and safeguarding
 - Patient survey reach circa 33k
 - Feedback on all video appointments
 - Remote appointment instructions translated into 6 most requested languages & tailored for the service
 - Carers, relatives and interpreters dialled into remote appointments inc BSL
 - Demo films for patients
 - Our Health Heroes – Digital Innovation Team of the Year
- **We walked in their shoes**

Optimising Technology/ Flexing our Offer



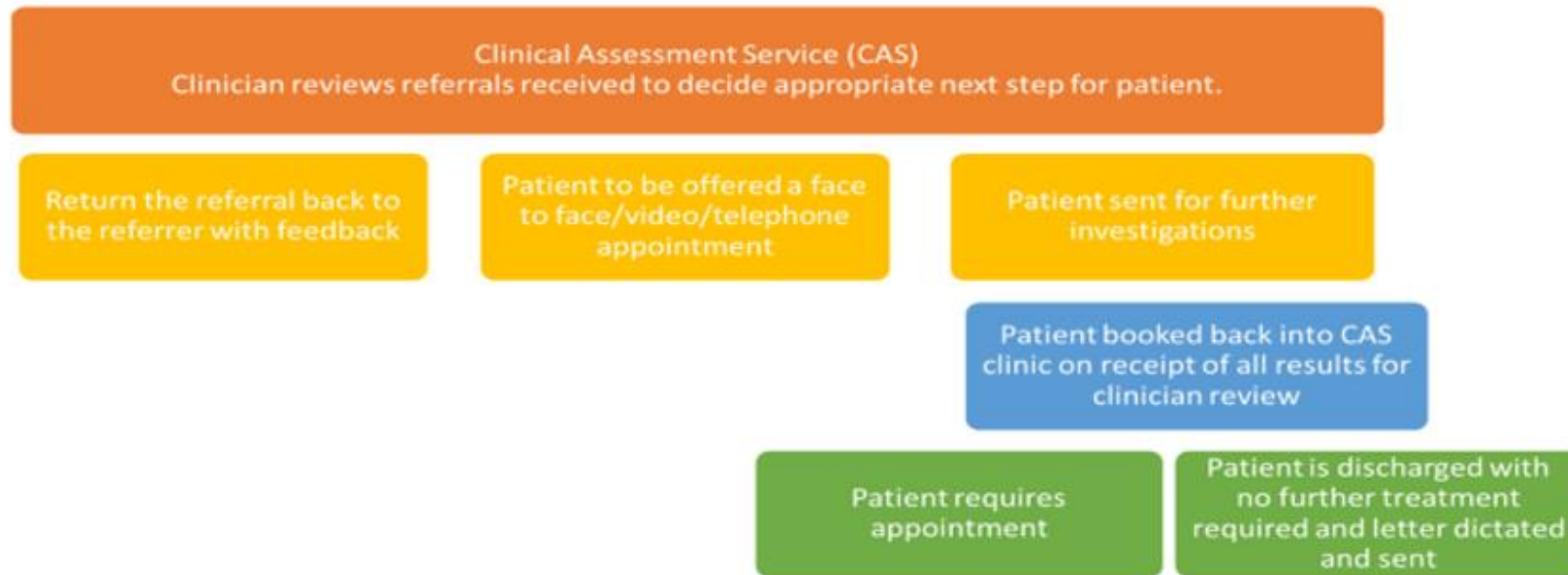
TytoCare Medical Exam Kit



- In reach palliative care to ward
- ED to ED reverse consultation
- Ward based video appointments
- Video clip upload
- Integrating Teams and EPR – Andor
- Remote patient assessment – Tyto Care Pilot
- GDM for pregnant women
- Patient Portal – remote care/ personalised care
- Joint primary/ secondary care reviews
- Joint clinical interface sessions
- Optimising use of Advice & Guidance/ RAS
- **14** Clinical Assessment Services (CAS) supported by speciality based co-ordinators

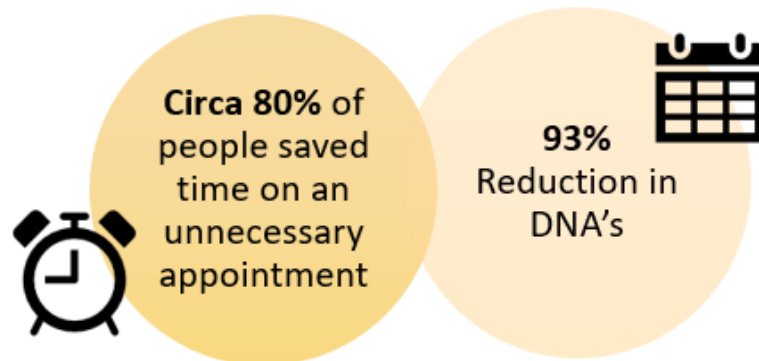
Clinical Assessment Service (CAS)

Operating Model



- Piloted in 14 Specialties
- Ave 1500 referrals per month plus FU's
- Investment in specialty dedicated CAS Co-ordinators
- Job planned clinical activity
- Doesn't work for all specialities

CAS Outcomes



- **21%** of patients discharged without being seen

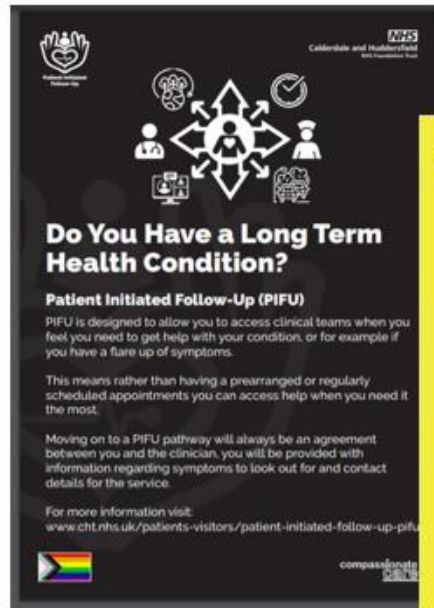


- **70%** of patients go straight to test/ further investigation

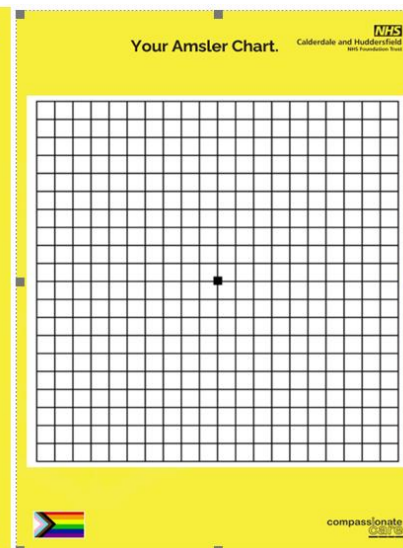
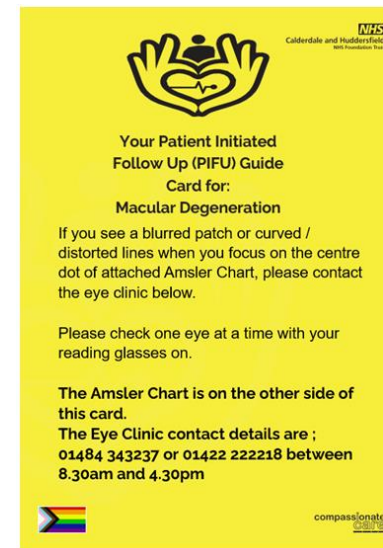


- **Less than 10%** of patients are offered an appointment on first review

Patient Initiated Follow-up (PIFU)



- 2 pathways
- **Co-produced** with patients and primary care
- Patient Reference Groups
- Survey/ Focus Groups
 - BAME engagement group
 - Healthwatch
 - Practice Managers group
 - Cloverleaf Advocacy
 - Lead the way organisation
 - Blind Society
 - LGBTQ+



- Motion activated screens in 3 patient areas showing PIFU instructions
- Film clips
- Case studies
- PIFU Game

Outpatients Transformation Programme 2021/22

Remote Appointments

- Collate feedback & lessons learn from experience
- Increase spread
- Optimise patient numbers
- Maximise access & inclusion

PIFU

- Implement live pathways in 6 key specialities
- Monitor experience internally & externally
- Provide tools to ensure patients feel supported
- Ensure accessible

Patient Portal

- Develop a fit for purpose portal specification
- Optimise access & uptake
- Optimise functionality
- Support digital element of PIFU

Remote Care

- Seek out & maximise opportunities for remote care
- Tyto pilot
- Remote monitoring
- Link with AHSN for AI opportunities & funding grants

Website

- Develop an interactive/ inclusive website
- Reflect diversity of our organisations & communities
- Reflect the trusts digital journey

CAS Development

- Monitor progress
- Evaluate existing services
- Identify opportunities for further implementation

Electronic Prescribing

- Support engagement
- Ensure communication reaches everyone
- Evaluate impact on patients, clinicians & wider stakeholders

Digital Inclusion

- Continue to work with community groups/ LA's to maximise digital inclusion
- Patient/ user engagement
- Identify opportunities
- Apply across OPT

Joint Development of Primary & Secondary Care Guidelines

- Work together to develop future pathways
- Continue to engage with all partners
- Support the national/ regional Advice & Guidance ambition

EPR & MS Teams Integration

- Support the pilot projects to source a tool for MS and EPR integration
- Evaluation of the Andor Pilot
- Reduce wasted clinical & admin time



Submissions include A&G and RAS data.

13.3k A&G requests received (Jan - Dec) with an average of 80% returned to GP with advice therefore avoiding a first attendance

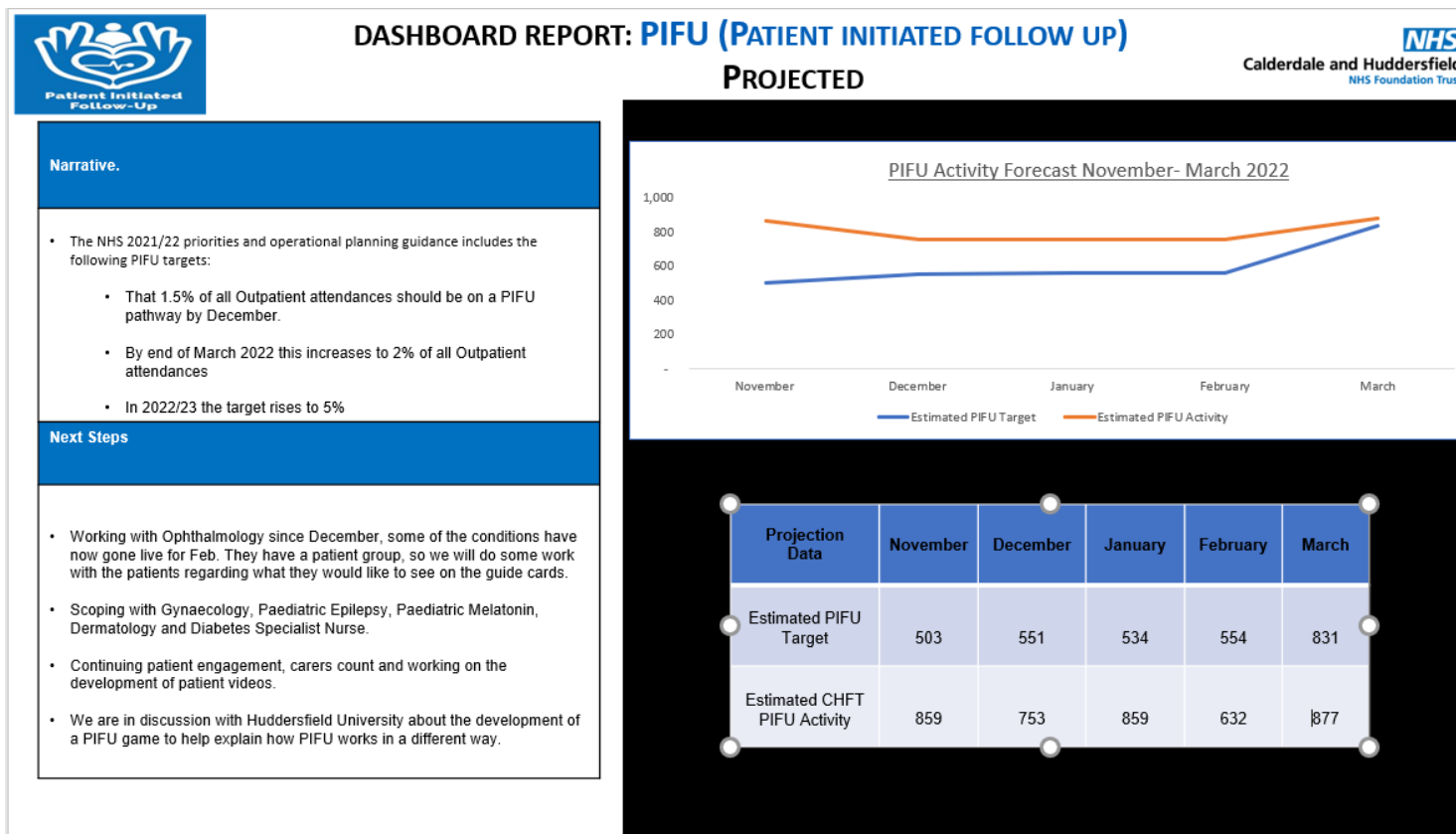
14 services have Clinical Assessment Services (CAS) operational with over 1500 referrals assessed per month. The average discharge rate from a first triage review is 21%

Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Advice & Guidance Request	1176	1176	1176	1176	1176	1176	1176	1176	1176	1176	1176	1176
First Attendances	11912	11912	11912	11912	11912	11912	11912	11912	11912	11912	11912	11912
% for Advice & Guidance	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%
Target %	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
Target for Advice & Guidance Request	1524	1559	1594	1629	1664	1699	1734	1769	1804	1839	1874	1909
Request Needed for Target	348	383	418	453	488	523	558	593	628	663	698	733

Further Developments

- New Gynae 2 week wait pathway utilising a RAS. All referrals submitted through a RAS and then assessed and directed to diagnostics appropriately
- New Care Navigator posts in place to support pathway.
- Data comes from eReferral System so have limited access to be able to automate
- Any help with automation welcome!!

Patient Initiated Follow-up (PIFU)



Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
PIFU Projection	881	979	1077	1175	1273	1371	1469	1567	1665	1763	1861	1959
Total Attendances (Estimated)	39134	39134	39134	39134	39134	39134	39134	39134	39134	39134	39134	39134
% PIFU	2.25%	2.50%	2.75%	3.00%	3.25%	3.50%	3.75%	4.00%	4.25%	4.51%	4.76%	5.01%

Next Steps

- Access to specialist advice, virtual consultations, remote monitoring & PIFU to be built into all pathways
- End to end pathway development starting with the referral
- Looking at specialities with high waiting lists/backlogs – maximum opportunity
- Patient Portal – developing a digital pathway
- Redirecting capacity
- Going further & faster



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Lisa.Williams@cht.nhs.uk



**Outpatient
Transformation
Conference**

Dr Chris Whittle,
Chief Innovation Officer & Dr at
eConsult Health



March 2022

Dr Chris Whittle

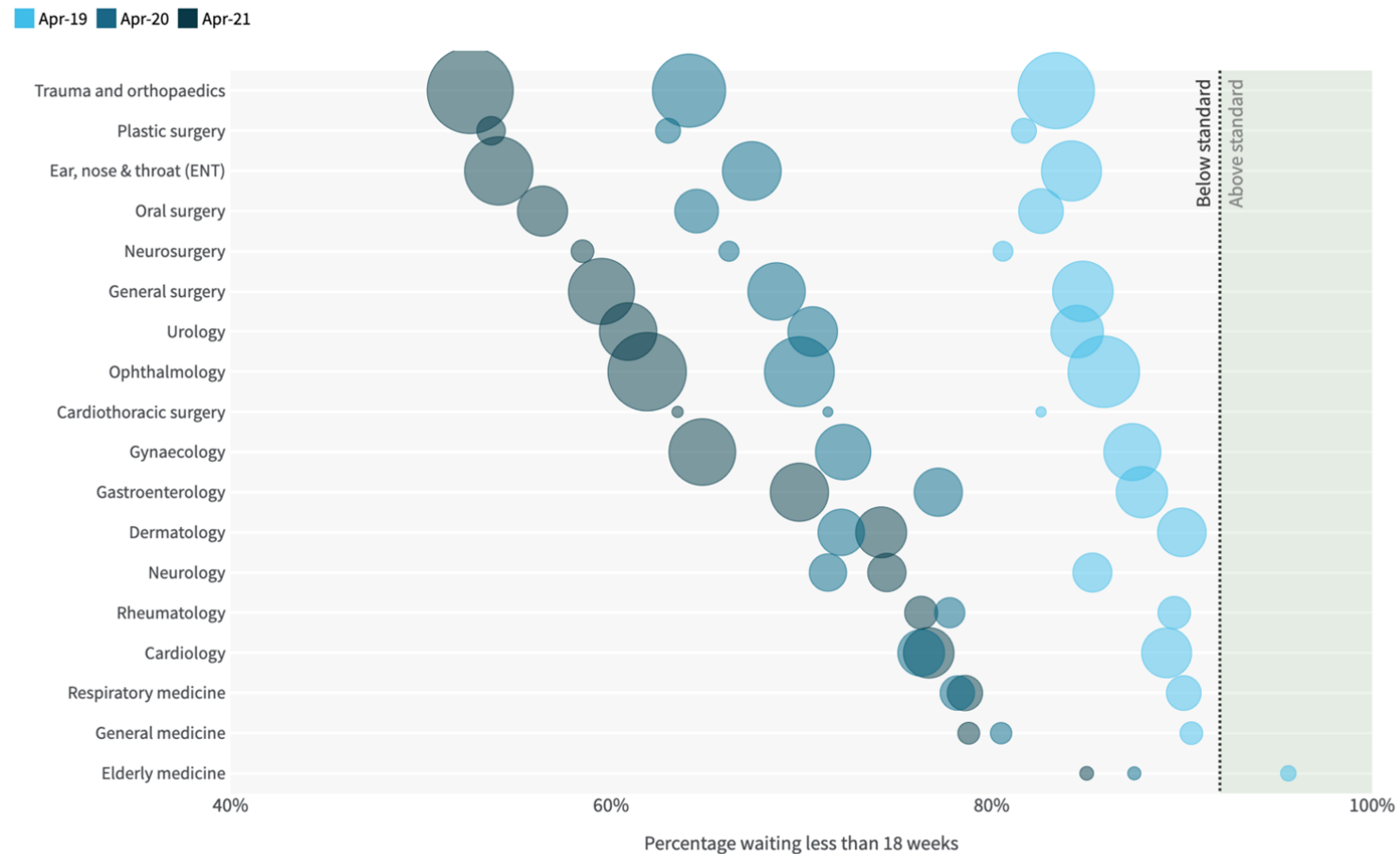
Chief Innovation Officer



Covid backlog

All specialties have seen a fall in performance against the RTT standard between April 2019 and April 2021

Dots scaled to show the size of the waiting list

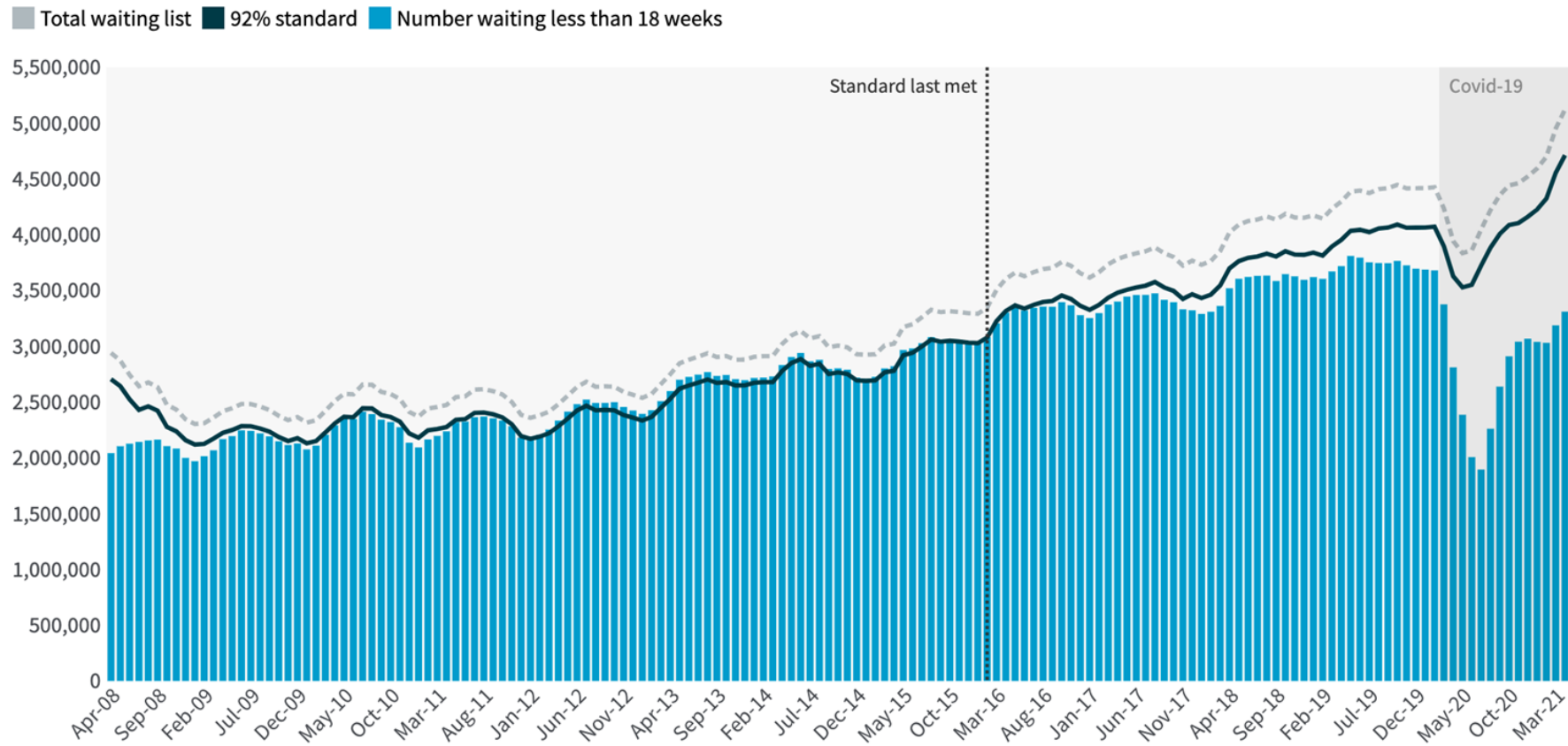


Source: [NHS England](#)
Excludes 'other'. x-axis truncated to show trend more clearly.

Covid backlog

To meet the RTT standard 92% of people on the waiting list need to have been waiting less than 18 weeks, but current performance is significantly below that

Number of people on the RTT waiting list



Source: [NHS England Consultant-led Referral to Treatment Waiting Times](#)

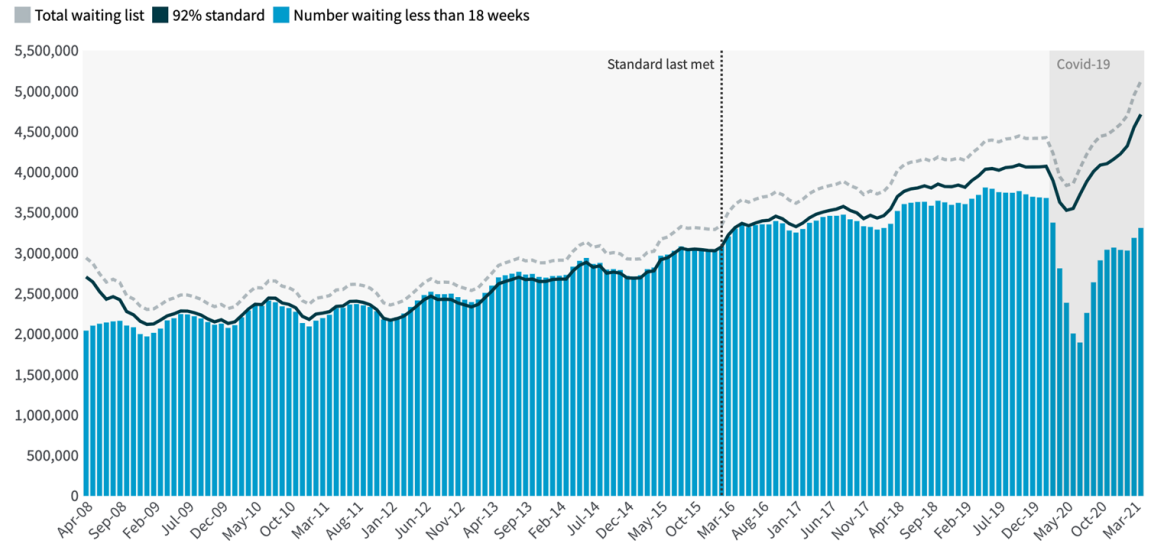
TheKingsFund>

Covid backlog

How do we get back on track?

To meet the RTT standard 92% of people on the waiting list need to have been waiting less than 18 weeks, but current performance is significantly below that

Number of people on the RTT waiting list



Source: NHS England Consultant-led Referral to Treatment Waiting Times

TheKingsFund

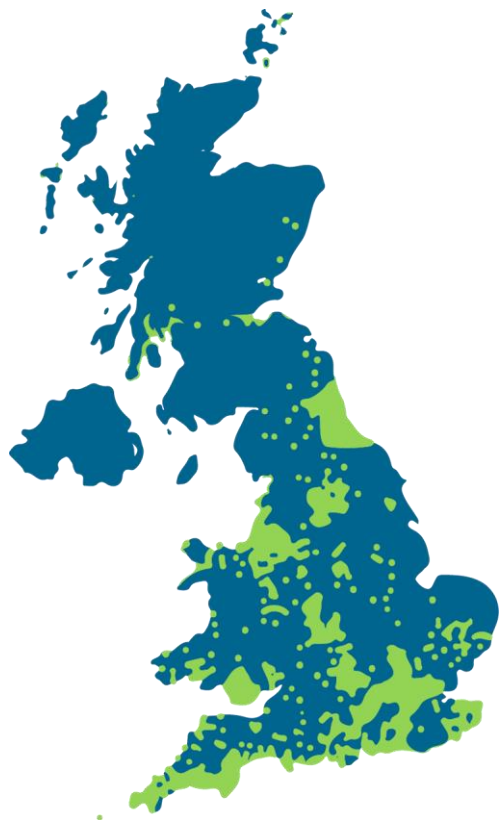
Largest waiting list ever recorded

England alone: 6 million known, potentially further 6-7m unknown

Technology is a huge part of the answer

eConsult: Trusted across the NHS

Trusts, Primary Care & ICS



Born of the NHS, made by NHS clinicians for NHS clinicians

Proven in Primary Care (**29m patients, >20m consultations**), and now in Urgent and Secondary care settings nationwide

11 years experience, and **100,000+ patients red flagged** to more appropriate pathways **monthly**.

Clinical content devised with a Governance Board of **28 clinical experts**.

eConsult specialist

Reducing waiting lists by improving patient pathways

The image displays three overlapping screenshots of the eConsult specialist interface, illustrating the patient journey through different medical consultations.

- Cardiology at Basildon Hospital:** The first screenshot shows a question: "In the last 48 hours, have you had any episodes of chest pain like a very tight heavy weight or squeezing in the centre of your chest lasting longer than 10 minutes?" with "Yes" and "No" buttons.
- Cardiology at Basildon Hospital:** The second screenshot shows a question: "How many times have you lost consciousness?" with "Once" and "More than once" buttons.
- Acne Dermatology Team, Cardiff and Vale UHB:** The third screenshot shows a question: "Please tell us what change(s) you have noticed about your mood." with a text input field and a "Next step" button.

Each screenshot includes the NHS logo, a "Previous step" link, and the eConsult logo at the bottom.

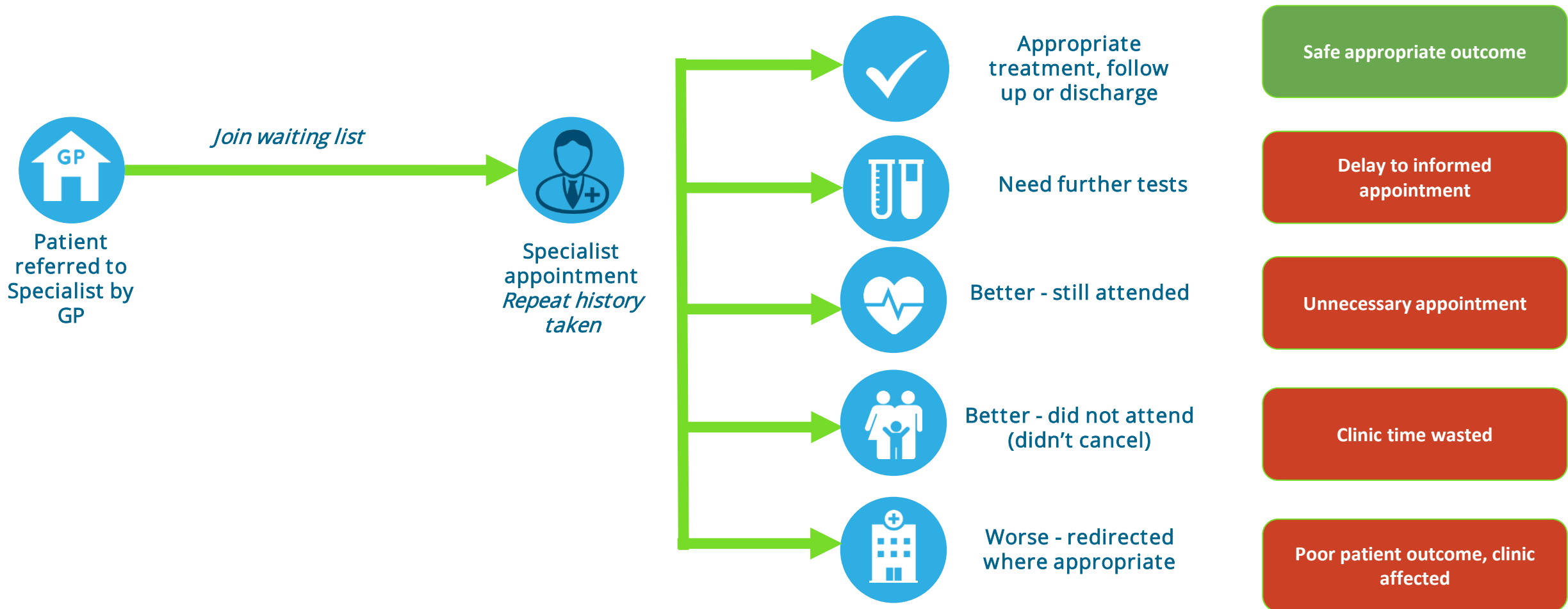
Outpatient triage and waiting list reduction solution

Benefits

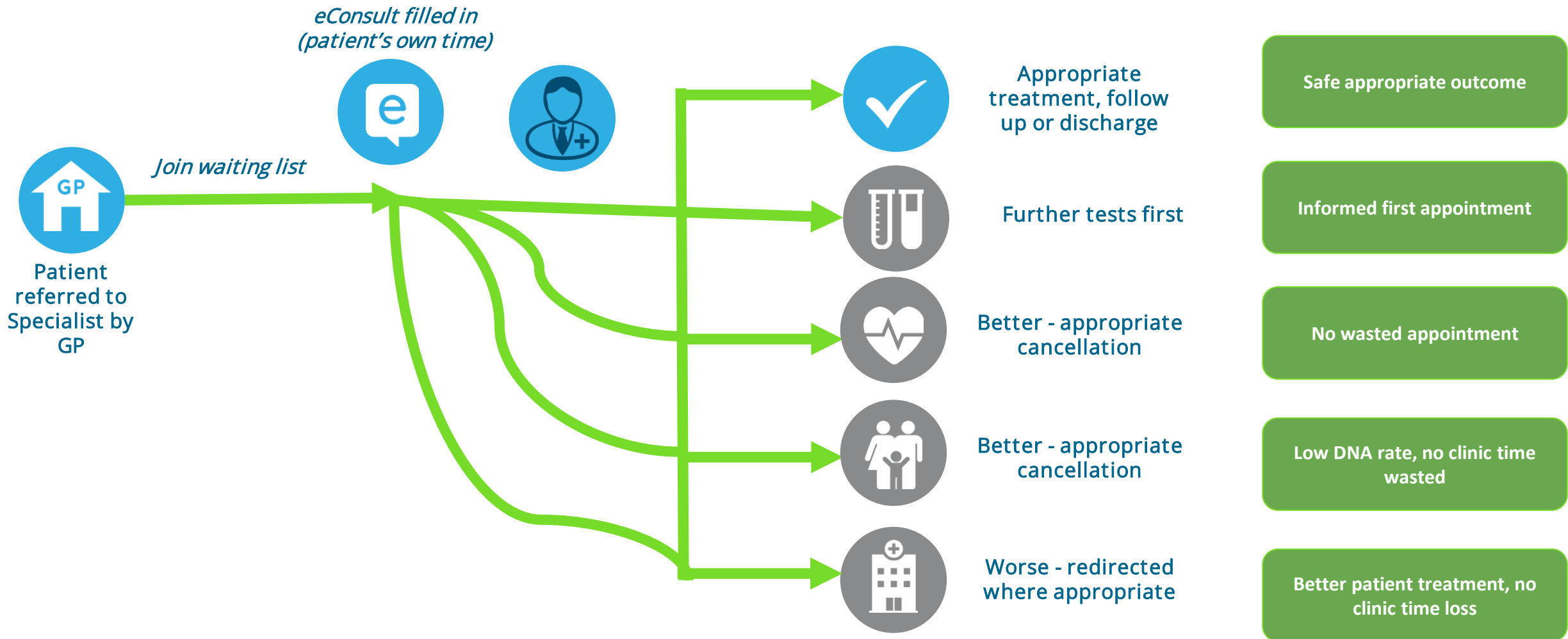
- 1) Identification and removal of unnecessary or inappropriate appointments (referral triage, PIFU, pre-appointment)
- 2) Optimisation of clinics themselves (DNA rate reduction, gathering history up front)
- 3) Enabling workforce delivery across geographies (remote consultation, networks)

Significant **waiting list** and **DNA** reduction

Traditional patient flow



eConsult enhanced patient flow



eConsult enhanced patient flow

Cardiology at Basildon Hospital

In the last 48 hours, have you had any episodes of chest pain like a very tight heavy weight or squeezing in the centre of your chest lasting longer than 10 minutes?

Yes

No

Previous step

econsult

Privacy policy, Terms and more
Copyright © eConsult Health Ltd 2021

Cardiology at Basildon Hospital

How many times have you lost consciousness?

Once

More than once

Previous step

econsult

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Acne Dermatology Team, Cardiff and Vale UHB

Please tell us what change(s) you have noticed about your mood.

You have 500 characters remaining

Next step

Previous step

econsult

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Practice Message ID: KTSDLBTHWC eConsult ID: testoutpatient

Test Outpatients

You may want to check the patient's personal details against their record.

Online consultation request for
Laura TEST (Male, Age 20)
Cardiology valve clinic

Submitted on 15-10-2021 at 13:11:30
eConsult reference number for this request: 1674FB44

Contact phone: 07980533891
Patient's date of birth: 11-11-2000

Contact email: laura.parker@econsult.health

Some answers may need urgent attention

Some answers may need close attention

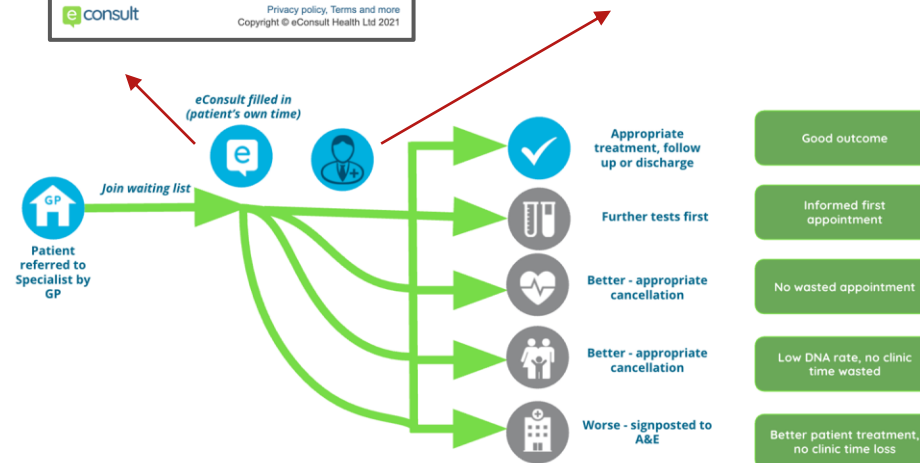
RESPONSE NEEDED BY:
6:30PM on Monday, 18th of October. A same day response is best.

SEND LAURA A MESSAGE:
Click here or go to <https://testoutpatient.webgp.com/pcm/KTSDLBTHWC> and enter this consultation PIN: J5K8WR
(The "Click here" link and PIN for this consultation will expire on Friday, 29th of October)

CLINICAL QUESTIONS:

The first few questions we ask will help us check that you're not having an emergency. Okay, I understand

In the last 48 hours, have you had any episodes of chest pain? No



Specialist content created by NHS trusts

Fed through eConsult's tried and tested Clinical Governance process

9 specialties live, 40 specialties commissioned across England and Wales



Implementation with existing specialties

- Consultative approach
- Supporting change management
- Governance sign off
- Baseline data to compare with KPIs



Innovation partnership

- Co-design with lead clinicians
- Clinical QA



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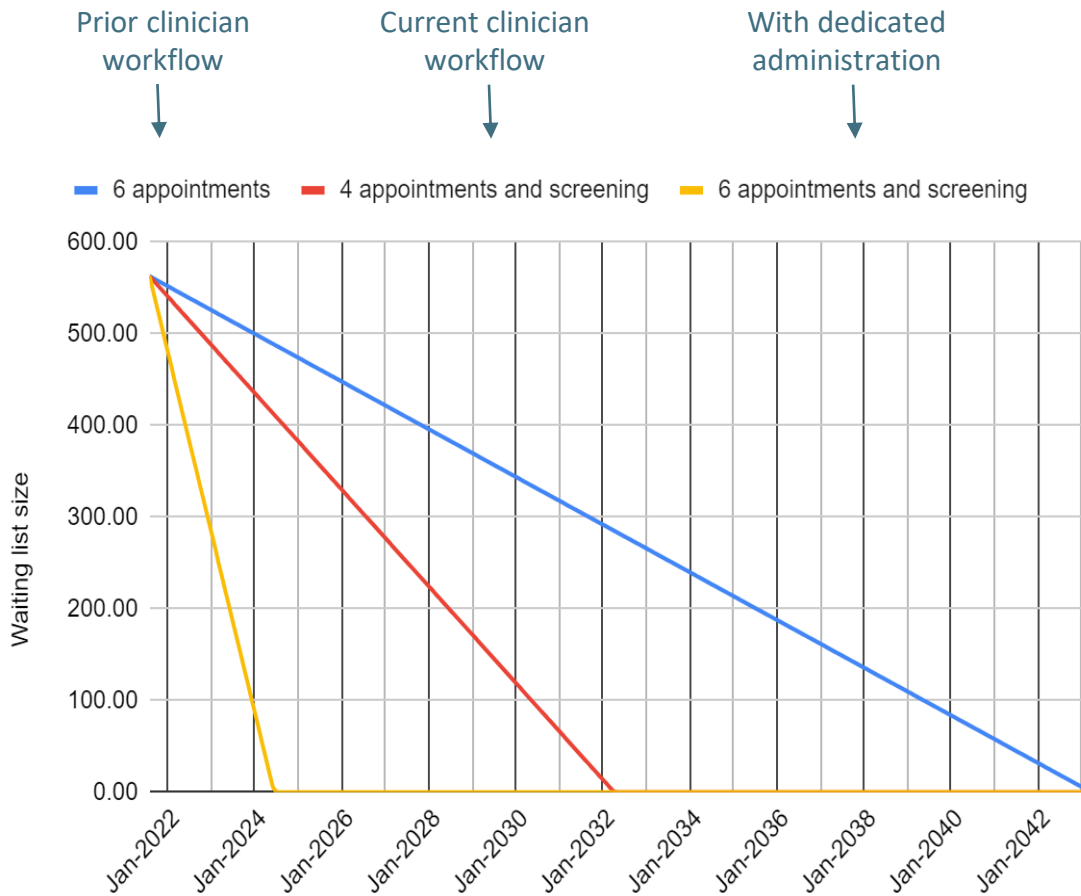
Innovation partnership

- Co-design with lead clinicians
- Clinical QA



University Hospital of Wales

Acne Clinic Pre-screening questionnaires



Hello, I'm Dr Katrin Alden and I'm a dermatologist at the

DNA rate **40%** to near **zero**

Waiting list **22 years** down to **10 years**

With dedicated administration, waiting list down to **2 years**

Part of the solution



Source: Huffington Post

We are here to help you to address the backlog

- **Significantly reduce your waiting list**
- **Make every outpatient appointment count**
- **Create a safer patient experience**

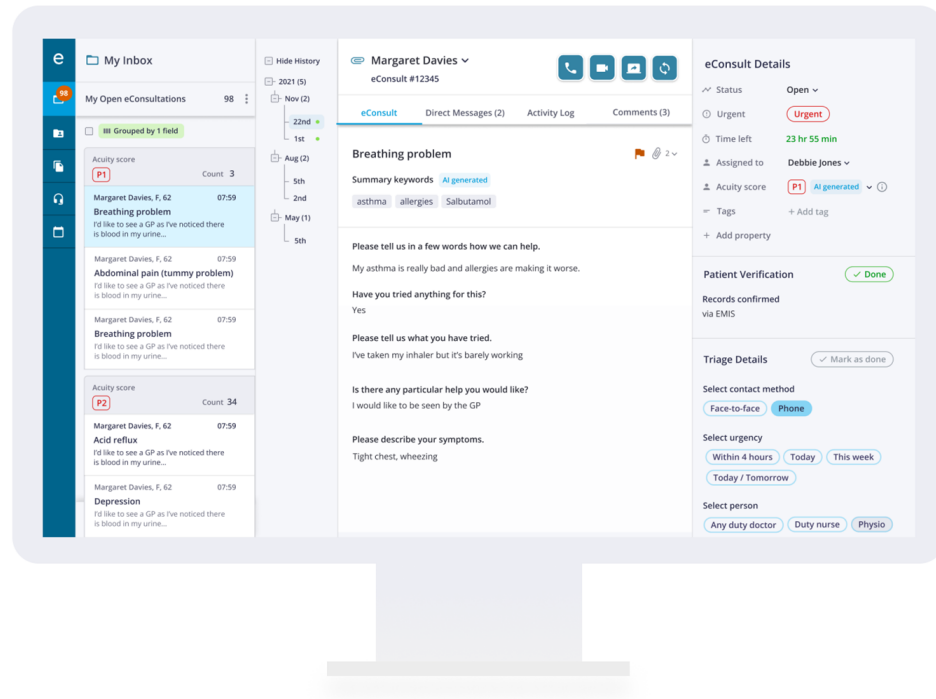
*Cardiology / Rheumatology/ Gynaecology / Dermatology
/ Urology / Hepatology / ENT / Gastroenterology /
Chronic Pain*

- ❖ Start now with one of **9 live specialities**
and/or
- ❖ Become an **innovation partner** to co-develop clinical templates

For more information, get in touch [here](#), or email chris.whittle@econsult.health

Work in progress

Central administration



One place to manage eConsult administration

Select, view and action a consultation

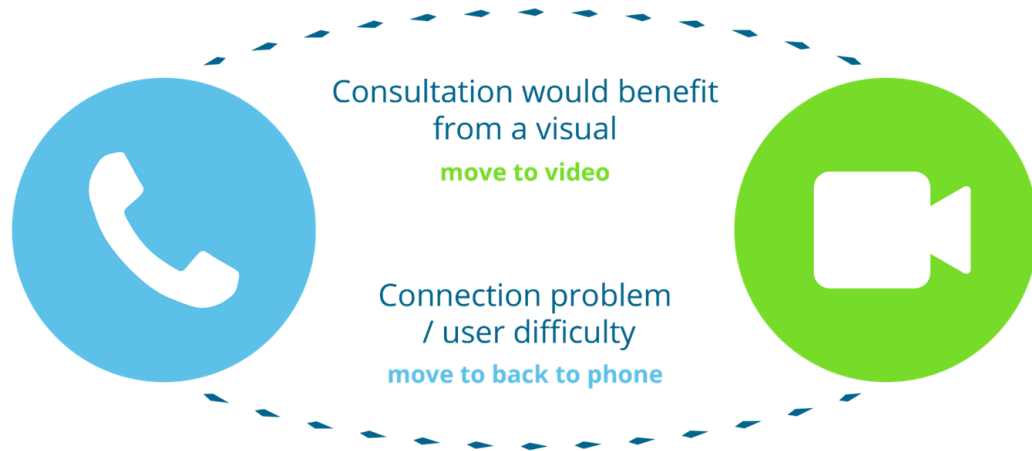
Sort, filter, tag, assign

Pave the way for future AI-supported administration

To be integrated with eRS and PAS/EHR systems

Deliver unbreakable outpatient consultations

Video & Telephone together



"It saves me and my colleagues time travelling to clinics, and means only patients who need face to face are brought in."

Jessica Aylett

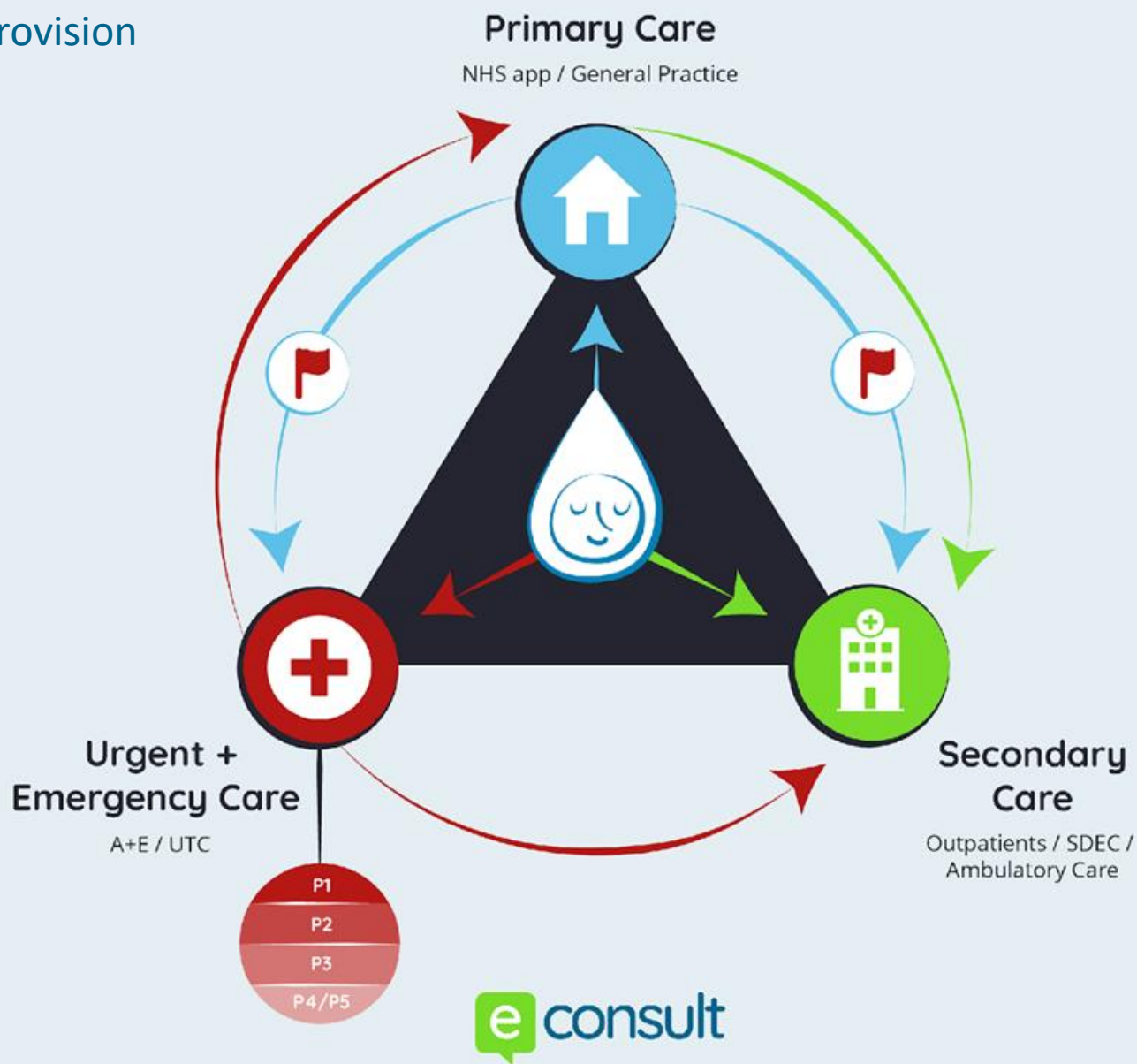
LCHS NHS Trust Clinician

The **only** solution allowing you to easily switch between audio and video call

Mitigate **signal failure, WiFi issues**, end user difficulties with **telephony fallback** and **video upgrade**

Allow clinicians to work the way they want to, and patients to receive care in the way they're most comfortable

One connected digital ecosystem, routing to the most appropriate provision



Primary Care

A patient submits an eConsult through the NHS app or GP practice. No red flag warnings triggered - the eConsult goes to their practice. Red flags triggered - consultation is diverted to ED or UTC. GP practice reviews the eConsult, a healthcare professional can also refer the patient into SC. Or, connected to CPCS or local pharmacy services if appropriate.

Urgent + Emergency Care

A patient submits an eTriage and walks into an ED or UTC. The patient symptoms are then triaged into a 1 - 5 priority score...

- P1 - Medical emergency
- P2 - Majors
- P3 - Majors and minors
- P4/P5 - Minors and redirection

If a patient is triaged into P5, they are redirected back to PC. A patient could also be referred to a specialist in SC.

Secondary Care

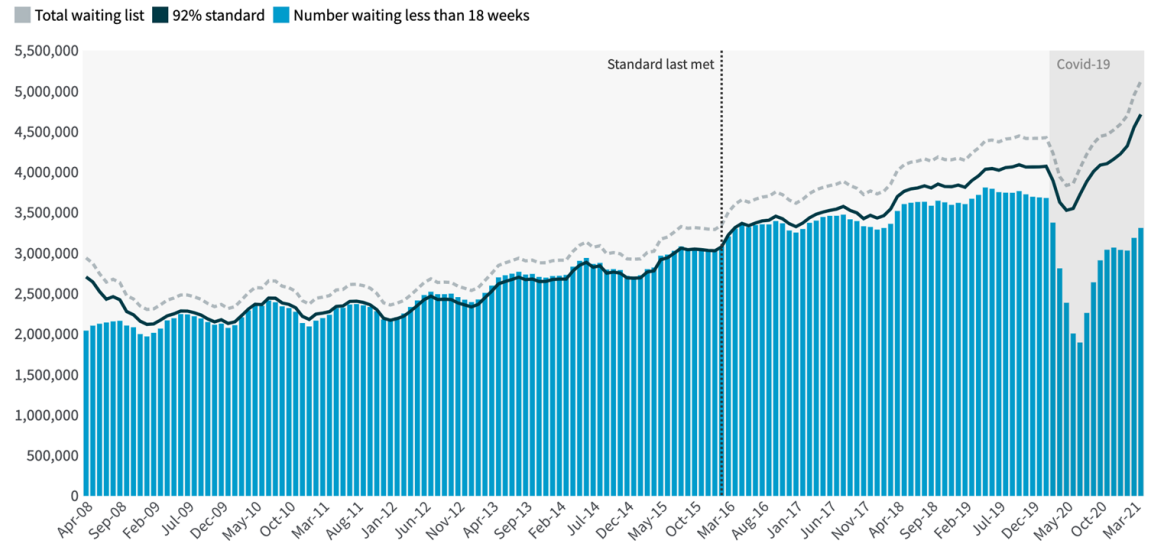
A patient may be consulted by their GP after completing an eConsult and then referred to a SC specialist. Or, a Patient submits an eSpecialist. The consultant receives pre-consultation information to enable ordering and remote management, with the option for a video consultation.

Covid backlog

How do we get back on track?

To meet the RTT standard 92% of people on the waiting list need to have been waiting less than 18 weeks, but current performance is significantly below that

Number of people on the RTT waiting list



TheKingsFund

Technology is a huge part of the answer

1. Identification and removal of unnecessary or inappropriate appointments (referral triage, PIFU, pre-appointment) - **Improved Efficiency** (reducing waste)
2. Optimisation of clinics themselves (DNA rate reduction, gathering history up front) - Improved Outcomes - **Prioritisation of appointments** (by need)
3. Enabling workforce delivery across geographies (remote consultation, networks) - **Improved Resource Management** - (at top of license)

Any questions?



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**Outpatient
Transformation
Conference**

Thank you for attending
today's conference, we look
forward to seeing you at an
event in the future